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ABSTRACT

This manual addresses the issue of sexual abuse in Canadian aboriginal communities, and advocates a community sexual abuse response team approach in building a viable solution to the problem. The manual introduces the main issues and problems relevant to a community sexual response team. Chapter 1 looks at the cultural and historical past of aboriginal communities, including spiritual and philosophical wisdom, European contact and colonization, and the aboriginal rights movement. Chapter 2 looks at understanding sexual abuse in aboriginal communities, including healthy sexuality, sexual abuse, the seriousness and patterns of sexual abuse in aboriginal communities, and abuse in non-Native communities. Chapter 3 discusses the holistic community wellness approach. Chapter 4 focuses on the caregiver: stress, burnout, and well-being. Chapters 5 and 6 focus on community-based intervention issues and strategies, including disclosure, contact, investigation, legalities, the victim's needs, the healing process, and setting up the community response team. Chapter 7 explores community involvement and strategies for generating support. Chapter 8 specifically addresses the legal, administrative, record-keeping, and ethical details in building a community response team. Each chapter includes print and nonprint resources, checklists, guidelines, and illustrative materials. Three appendices provide sample training sessions for the community response team, an outline of a 2-year sexual abuse worker training program, and 54 references. (SAS)

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RESPONDING TO SEXUAL ABUSE

DEVELOPING A COMMUNITY-BASED SEXUAL ABUSE RESPONSE TEAM IN ABORIGINAL COMMUNITIES

RESPONDING TO SEXUAL ABUSE

AN INTRODUCTION TO IMPORTANT ISSUES RELATED TO DEVELOPING A COMMUNITY-BASED SEXUAL ABUSE RESPONSE TEAM IN ABORIGINAL COMMUNITIES

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Introduction

Dealing with sexual abuse in aboriginal communities is difficult for many reasons. The pain many communities are experiencing because of the abuse they have suffered makes it very difficult to even talk about it. Many people prefer to bury the pain and to try to forget. But we are now learning that many ruined lives can be connected to sexual abuse. How many youth suicides, how many broken marriages, how many frightened, abused children, how many lies, how many cover-ups will take place before people finally decide to end the cycle of abuse? In the mid 1980s a few Canadian aboriginal communities began the process of recovering and healing related to sexual abuse. Now (1997) almost all communities are struggling with the issue. Some communities are very open about their struggle, but there are still many in which the powerful people that be will not allow the issue of sexual abuse to come to the surface and be addressed head on.

The Nature of the Challenge

This volume is written for communities that are ready to address the issue of sexual abuse with determination and perseverance. In preparing the volume, we took a number of key factors into account.

1. There is a tension that exists between many aboriginal communities and the Canadian legal system. The law requires that all suspected cases of child sexual abuse be reported and prosecuted. Canadian society tends to want to push sexual abusers into prisons as quickly as possible. Aboriginal communities, on the other hand, tend to see the problems of abuse as an imbalance or a sickness in the person, the family, and the community. A sickness calls for healing, not jailing. Healing is needed most of all for victims, but also for the victim's family, the abuser and his (or her) family, and for past victims of abuse that have carried their hurt hidden inside of them for many years.

2. We also know that sexual abuse is fundamentally an abuse of power. Abusers use their power, control, or influence over victims in order to gain access to sexual contact. Because there is a power imbalance, healing usually requires an infusion of power into the situation. The combined power of the law (through the threat of arrest, prosecution, and imprisonment) and of the will of the community is needed to step into the relationship between the victim and the abuser. So while it is true to say that healing is what is needed in order to address the issues of sexual abuse, it is also true that the power of the law is needed for the protection of the child (and other victims), the restoration of balance in the relationship among everyone involved, as well as for the promotion of the healing process for victims.

3. The challenge for aboriginal communities is to develop a strategy for dealing with sexual abuse that balances the needs of everyone involved in the situation for protection, healing, justice, and the restoration of healthy human relations. The

community's own culturally based understanding of how to best do this should provide the guiding framework for building a program.

4. Sexual abuse is a part of the pattern of life in many families and communities. There is no way to end abuse without changing the pattern. A process of community learning and development is also needed. Prevention and wellness programs, as well as community development must be a part of the process.

5. In many communities the sheer number of people suffering from sexual abuse (past and present), alcohol and drug abuse, and other dysfunctional patterns is far too great for a small group of program workers to fix. In any case, healing comes from within. The process of healing related to sexual abuse requires the engagement of the community in the process of change. A lasting solution cannot be delivered as a program. It has to be home-grown from within the community.

A Team Approach

This manual is written to assist aboriginal *community sexual abuse response teams* to develop their own strategies for addressing the issues of sexual abuse in their communities. We advocate that a team approach is needed to bring together all the key players who must be involved in building a viable solution (such as the families involved, elders and spiritual counselors, mental and physical health workers, child protection case workers, and police officers). All of these people will need to work together with the victim, the abuser, and all the other people impacted by the situation to bring about a rebalancing of community life.

An Introduction Only

This volume is simply an introduction; it is not a complete training course. In eight short chapters we introduce the main issues and problems with which a community sexual abuse response team should be prepared to deal. We also include a basic workshop curriculum containing other readings, games, stories, and activities to allow community teams to engage the material in the manual through an experiential learning processes.

What we have tried to provide is a fairly comprehensive picture of what is actually involved in dealing with sexual abuse at the community level, but we must stress that most effective intervention teams undergo training processes spanning several years under the guidance of well-trained and experienced professionals.

Healing is Possible

It is truly encouraging to note that the approaches outlined in this volume really do work. Communities such as Hollow Water, Manitoba and Alkali Lake, British Columbia have shown that when aboriginal communities work together to tackle the problem of sexual abuse, real progress can be made, and the cycle of abuse can be stopped.

CHAPTER ONE

UNDERSTANDING
THE ROOTS OF THE PROBLEM

Introduction

The very first reality to take into account when trying to understand the roots of sexual abuse in Canadian aboriginal communities is that no two communities are exactly the same. There are more than hundreds of different aboriginal cultures across Canada, each with its own distinct language or dialect and world view, and each with its own historical experience. The first rule of thumb in trying to understand the nature and origins of aboriginal sexual abuse is to be very specific about which community you are talking. Each community has its own story.

While it is true to say that no two communities have the same story to tell, it is also true that aboriginal people have much in common. Even though linguistic, cultural, and historical differences seem to set aboriginal communities apart, the way in which many communities across the continent have responded to the challenge of sexual abuse is remarkably similar. The spiritual and philosophical foundations that connect aboriginal people to the land, to the Creator, and to each other have had a powerful influence on aboriginal concepts of what sexual abuse really is, of how it should be responded to, and of what the appropriate interplay ought to be between issues related to healing (i.e. restoring balance in the community) and justice.

As Albert Einstein once said, "the way we see the problem is the problem". There are fundamental differences between how sexual abuse is *seen* and *understood* by aboriginal people as compared to the view taken by the dominant Euro-Canadian society. Most aboriginal communities tend to *see* the need for restorative justice (i.e. restoring balance and harmony) rather than for retributive justice (i.e. punishment), and argue that what is needed for victims and abusers alike is healing, and the restoration of positive human relations. This view is sometimes at odds with the perspective taken by the police, the courts, and the departments of social services responsible for child protection.

In this chapter we will sidestep the tension that exists between what seems to be two distant and opposing ways of understanding the problem of sexual abuse. In later chapters (Five, Six, and Seven) we will argue that both points of view have merit in certain situations, and that there are effective ways of merging and marrying the two points of view to come up with an intervention strategy for aboriginal communities that really works.

We will begin in Chapter One by looking at the cultural and historical past in aboriginal communities. Our purpose is to draw on the wisdom, knowledge, and experience that existed in order to learn how to more effectively respond to present challenges.

From the brief summary outlined in this chapter, it will be clear that virtually all nations had teachings and tools that can help us to better understand and deal with the challenge of sexual abuse in aboriginal communities.

Part One will provide a very brief overview highlighting some of these valuable resources. Our purpose for including them in this manual is to provide readers with examples of resources they may choose to draw on, but also to encourage each community to look more deeply into its own cultural and historical past. Part Two will review the general outline of a historical process that many Canadian aboriginal communities experienced which led to the breakdown of balance and well-being, and to the introduction of alcohol, sexual violence, and the other challenges communities are now struggling to overcome. Part Three will describe the emergence of the aboriginal (community) recovery movement, from earliest political and cultural origins to what has become a powerful process of change that has touched thousands of aboriginal communities around the world.

Part One – Drawing on the Knowledge and Wisdom of the Past

A. All Communities Have Cultural Resources

All aboriginal communities once had a deep spiritual and philosophical reservoir of wisdom, knowledge, and technology which they carefully preserved and passed on from generation to generation through teachings, stories, ceremonies, protocols, taboos, and other social balancing systems. Recently, when aboriginal people first began to look for these resources, it appeared as if they had been lost. So much has happened. So many hurts. So many losses.

And yet, in many indigenous communities in every part of the continent, the culture is coming back. People are returning to their traditional spiritual and cultural teachings and identity. This return is not so much a step backward into the past, as it is a step forward into a healthier future that is braided together from the people's own wisdom, knowledge and experience. As one Cherokee elder woman put it, "we've tried to live according to the ways of other people, and it didn't work for us. Now, we have to find our own way into the future, and we have to walk that path with confidence that the Creator's spirit will guide us, even if the path looks quite different than the one our European relatives are taking."[1]

As indigenous communities confront the horrors and grief of child sexual abuse (and other critical challenges to human well-being), there is much to be gained from looking deeply into the pool of traditional wisdom and knowledge for strength and guidance. The treasures that lie hid within that pool will vary from community to community, but in

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1 Dr. Lee Piper, Eastern Cherokee, Santa Fe, New Mexico, Save the Children Learning Conference, 1995.

general, the following areas are often addressed that have much to say about how to think about and to address the issue of sexual abuse.

1. Who We Are As Human Beings

In order to restore safety, peace, wellness, and prosperity to our communities, we have to understand what a human being is, i.e. what the Creator made us to be. Then we need to know how human beings should live with each other on this Earth in order to have a good life. These things were known and taught by the old people in all the tribes.

> *It's very beautiful to realize what life is. It's like a journey from beginning to end. But we have to walk that spirit path with practical feet. We're completely off base sometimes. We've got to be very practical because we have to live our lives. That's the way I see it. We have to realize the value of the Mother Earth that feeds us. We have to realize the sacredness of the four seasons and the four stages of the human life. When we realize those things, we will come close to the answer. Then we're going to have respect for each other. When I take you all as my relatives, I'm not going to do anything to hurt you because you're my relative. The old ways are the new ways. You have to make them look at each other.*[2]

2. How We Must Live

Today we see that almost all people are hungry for guidance as to how to live their lives. It's plain to see that what many of us are doing isn't leading to well-being. In fact, many of our daily pathways seem to be leading us to death and loss.[3] We see people searching everywhere for answers: occult book stores, a renewed interest in main-line churches, and even a very sincere interest on the part of many Euro-Canadians in the teachings and cultural resources of indigenous people. What everyone wants to know is, "How should we live our lives? What must we do or not do in order to be at peace, to be safe, healthy, and prosperous in this life?".

The cultural and spiritual traditions of all First Nations hold teachings that were a direct, and sometimes specific, answer to the question of how to live. Following are several examples of such teachings as we have heard expressed in many different aboriginal communities.

---

2 Phil Lane Sr., cited in "The Four Worlds Exchange", Vol. II, no. 3, 1992.

3 As this is being written, we hear of a mass suicide in San Diego in which 30 people who were members of the "Heavens Gate" took their own lives. (This echoes the murder/suicide of 53 members of the "Solar Temple Cult" in Quebec and Switzerland in 1996). Also we hear of strife and violence in Albania, the continued massacre of school children in Rwanda (for refusing to divide into Hutus and Tutsis because "we are all Rwandans"). People everywhere are struggling and at a loss for guidance as to how to live in ways that lead to life rather than to death.

a) Each morning upon rising, and each evening before sleeping, give thanks for the life within you and for all life, for the good things the Creator has given you and others, and for the opportunity to grow a little more each day. Consider your thoughts and actions of the past day and seek for the courage and strength to be a better person. Seek for the things that will benefit everyone.

b) Respect. Respect means "to feel or show honour or esteem for someone or something; to consider the well-being of, or to treat someone or something with deference or courtesy". Showing respect is a basic law of life.

- Treat every person, from the tiniest child to the oldest elder with respect at all times.
- Special respect should be given to elders, parents, teachers, and community leaders.
- No person should be made to feel put down by you; avoid hurting other hearts, as you would avoid a deadly poison.
- Touch nothing that belongs to someone else (especially sacred objects) without permission, or an understanding between you.
- Respect the privacy of every person. Never intrude on a person's quiet moments or personal space.
- Never walk between people who are conversing.
- Never speak about others in a negative way, whether they are present or not.
- Treat the earth and all of her aspects as your Mother. Show deep respect for the mineral world, the plant world, and the animal world. Do nothing to pollute the air or the soil. If others would destroy Mother, rise up with wisdom to defend her.
- Show deep respect for the beliefs and religion of others.
- Listen with courtesy to what others say, even if you feel that what they are saying is worthless. Listen with your heart.

c) Respect the wisdom of the people in council. Once you give an idea to a council or a meeting it no longer belongs to you. It belongs to the people. Respect demands that you listen intently to the ideas of others in council and that you do not insist that your idea prevail. Indeed you should freely support the ideas of others if they are true and good, even if those ideas are quite different from the ones you have contributed. The clash of ideas brings forth the spark of truth. Once a council has decided something in unity, respect demands that no one speak secretly against what has been decided. If the council has made an error, that error will become apparent to everyone in its own time.

d) The hurt of one is the hurt of all; the honor of one is the honor of all.[4]

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4 All four excerpts taken with permission from The Sacred Tree (Fourth Edition, 1989), Section VI, "Code of Ethics", pp. 74-79, by Michael and Judie Bopp, Phil Lane, and Lee Brown. Published by Four Worlds International and Lotus Light Publication, Twin Lakes, Wisconsin. ISBN 0-941524-58-2.

3. Processes and Tools for Restoring Imbalance (Disease) and Promoting Well-Being

All First Nations developed tools and strategies for healing and maintaining balance and harmony in families and communities. Spiritual disciplines such as prayer, meditation, fasting, and living according to a strict code of behavior was common to many nations. Ceremonial practices such a smudging[5], vision quests, sacred pipe, and sweatlodge ceremonies — all of these had their place in the lives of the people. Stories and cycles of stories, songs, visual images such as the medicine wheel, and special teachings such as those given to young people when they were becoming adult members of the community were all a part of the repertoire of cultural resources that existed. In addition to the ceremonial and social dimension, many tribes had medicinal technologies such as the use of herbal preparations, diet, heat, cold, exercise, or rest to help people who became sick, injured or infirm to restore themselves to health.

B. All Tribes had Teachings About Healthy Human Relations and Sexuality

Looking far enough back into the cultural past, most aboriginal communities will find taboos and warnings, proverbs, and prescribed protocols (i.e. rules of behavior) that told people how to behave, what not to do, and what to avoid. This was particularly true in matters related to sexuality and gender relations. Many First Nations had rules, which forbade or strictly limited speaking (i.e. conversation) between in-laws, for example, a young man might not be allowed to speak to (or sometimes even look at) his mother-in-law, and she in turn was to avoid him.

In most First Nations, promiscuity was not tolerated from either sex. Women could be beaten, banished, severely ridiculed, or even killed. Among the Lakota, for example, a man who was a known womanizer could be beaten or stoned by groups of women, or by dog soldiers (like police). The Objibwe tell of the tragic disappearance of the Deer Clan for violating the norm against incest[6]. The Navaho creation story tells of the birth of monsters that stalked the land and brutalized the people. The monsters were born as a result of acts of sexual perversion, and once they were let loose in the world, it took generations of tragedies before they were rooted out. The old people of the Thompson Nation (Merritt, British Columbia) tell the story of two mountains, which describes how a brother and sister who violated the taboo against incest were turned into mountains and placed at opposite ends of a lake so that the could see each other and converse, but never touch.

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5 "Smudging" refers to the practice of using smoke from burning sage, sweetgrass, juniper or other plants and funguses for purification and preparation before doing important things. Different tribes used a wide variety of different plants for smudging, but the practice in some form was common to many tribes.

6 Incest is sex between members of the same family.

From these few examples, it is easy to see that sexual promiscuity and perversion was regarded as harmful, and even dangerous to the well-being of the people. Rape was uncommon and regarded as a very serious offense, for which there were heavy consequences. Incest was a taboo in all tribes, and most had stories warning of its dangers. Sexual acts between adults and children were prohibited as well.

In general it is safe to say that there were strict boundaries and rules teaching people how to think about each other, how to interact in the sexual area of life, and those teachings protected everyone (and especially children) from sexual abuse. The fact that there are very old teachings and stories concerning sexual abuse in many tribes is a fairly good indicator that sexual abuse did occur in the past. What we know for certain is that the elaborate system of teachings, rules for living, taboos, protocols and ceremonies protected most communities from sexual abuse and perversion, and that it was only when the old system began to break down that the aboriginal community's resistance to the disease of sexual abuse was no longer able to prevent sexual abuse from entering into the life-patterns of the people.

A key aspect of these old teachings relates to the matter of *boundaries*. Everyone knew for certain who they were, who everyone else was, and how they were supposed to interact with the other people, especially in the sexual area of life. Most tribes had fairly strictly defended rules and roles for the following types of relationships:

- a child and an adult
- an uncle and a niece
- father and daughter
- mother and son
- mother-in-law and son-in-law
- cousins
- brothers and sisters
- teachers and learners
- healers and patients
- stronger and weaker persons

Each tribe had its own list and its own rules and yet there is remarkable congruence between most aboriginal communities across the continent in terms of the existence of strict boundaries to prevent sexual abuse and other kinds of imbalances (like disunity) from occurring.

The practice of addressing one another in terms of one's *relationship* with the other (that was common to most tribes) further reinforced the boundaries and underscored the need to observe the proper rules or respect and obligation. Some examples of how people addressed and referred to each other included:

- my relative
- my daughter

- my son
- my nephew or niece
- my mother
- my sister
- my cousin
- my friend

Usually people were considered relatives even though they were not members of one's immediate family. The rules of behavior concerning sexual boundaries applied to all relationships. All relationships had a name and a teaching. An adult male and a female child were uncle and niece; an elder woman and a young man were grandmother and grandson; a young man and a younger girl were older brother and younger sister. The rules for sexual interaction specific to all of those relationships were well known. Crossing the boundaries was difficult to do, and carried consequences that brought great shame and hurt to one's self, one's family, and the community.

In summary, most tribes had clear boundaries and rules concerning sexual contact and, because the way of life everyone lived supported and reinforced the rules, they were seldom broken. It was only as these support systems fell away, and the people began to stray from the old teachings, that sexual abuse became more common. Is it possible that by recovering some of these older ways of relating to each other within families and communities that a new system of boundaries and supports could by established which would help to stem the tide of abuse in our communities?

C. The Medicine Wheel

Among the valuable cultural resources common to many aboriginal people is the medicine wheel. This ancient symbol is essentially a circle divided into four equal parts. In very general terms, the circle is used by most tribes to represent wholeness; i.e. all of anything — the circle of the people, the whole person, the whole family, the whole community — all of it.

The four parts represent an indigenous people's sense of how many phases or parts make up a whole. This tribal way of thinking in fours seems to be fairly universal.[7]
Many communities have used the medicine wheel as a tool for organizing thinking and planning actions to understand and address critical social and economic challenges. Essentially the medicine wheel is a memory tool that doubles as a conceptual integrator and organizer. Some of the 'fournesses' that are spoken of using the wheel include the following:

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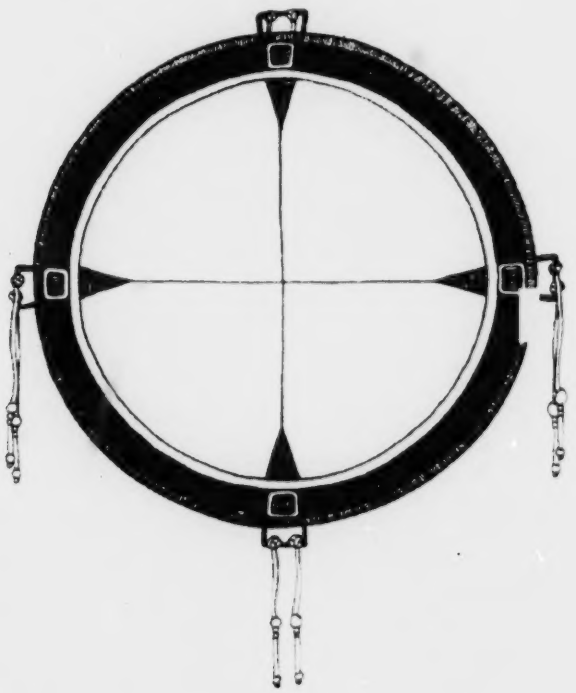
7 We found it in China, Laos, Cambodia, Thailand, Papua New Guinea, Australia, New Zealand, Samoa, Rwanda, Burundi, Zaire, Benin, Ireland, Scotland, Finland, Russia, Iran, Iraq, Israel, India, Columbia, Peru, Haiti, Mexico, the United States and Canada.

- four peoples of creation: the mineral people, the plant people, the animal people, the human people
- four stages of life: childhood, youth, adulthood, eldership
- four (symbolic) races of human beings: black, white, yellow, and red
- four elements: earth, air, fire, water
- four dimensions of human development: the mind, the emotions, the body, the spirit



The medicine wheel is now being used by many aboriginal people as a tool to organize thinking related to community healing and development. For example, Lee Brown (Inland Salish from Armstrong, British Columbia) used the medicine wheel to explain what disease really is, and how we can harness the power hidden within every illness to restore ourselves back to balance. Four key ideas are joined together by the concept that every illness is a return to balance. Brown speaks of the four dimensions of this balance seeking energy.

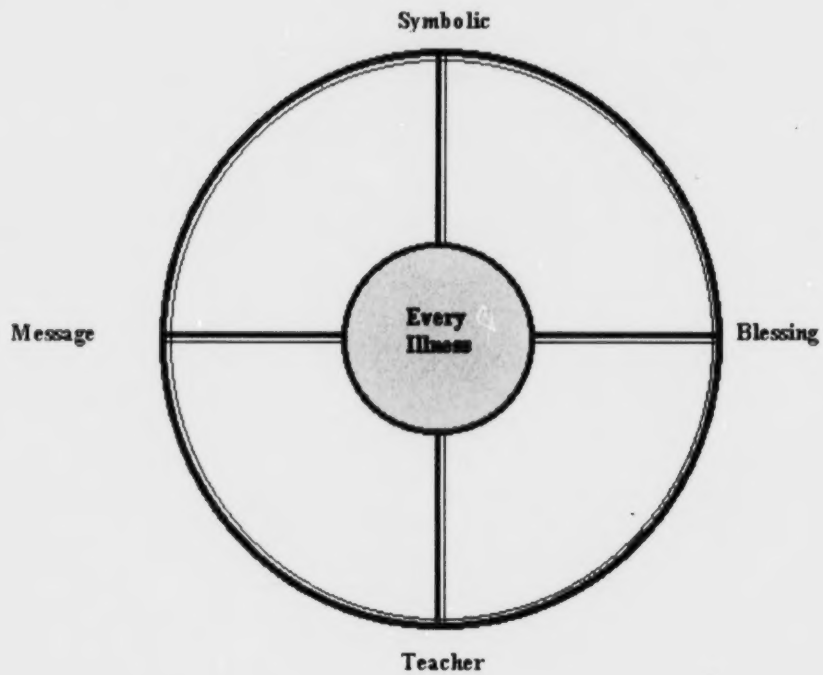
a) Every illness is a *blessing* from the Creator, which is intended to help us to move toward wellness.

b) Every illness is a *teacher* that has something hidden within it we need to learn.

c) Every illness had a precise, clear *message*, telling us what we have to do to restore balance.

d) Every illness has *symbolic* meaning that is it carries within it a deeper spiritual significance that we need to understand and hold in our life's journey.[8]

Each of these ideas is profound, and each is related to the other. A visual display of these ideas using the medicine wheel might look like this.



One value of the medicine wheel is that it shows the inter-relationship of things. It leads our thinking to wholeness, connectedness, and integration. Because of this, it is increasingly being used as a conceptual antidote to the heart-numbing, world-fragmenting way of thinking that is so much a part of dominant culture, science, and academia.[9] In thinking about complex problems such as sexual abuse which involves many dimensions and aspects at many levels (such as healing, correcting power imbalances, and reconciliation at the personal, family and community levels), aboriginal communities such as Alkali Lake in British Columbia and Hollow Water in Manitoba (two aboriginal groups which have made important progress in dealing with sexual abuse within their own communities) have come to appreciate the tremendous power of traditional teachings (such as the medicine wheel) for understanding and effectively dealing with sexual abuse.

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8 Cited from Brown, L. (1990), in *The Four Worlds Exchange*, Vol. 2, No. 1, pp. 4-5.

9 A more detailed discussion of healing and development processes using the medicine wheel may be found in Chapter Three of this manual.

These communities were forced to look within for answers when the outside world was unable to offer strategies that really made a difference.

Traditional teachings about how healing occurs, and what it takes to restore balance and harmony once it has been disturbed have much in common across all of the tribes of North America. Following is a very general summary of concepts that are often repeated by elders and spiritual teachers.

a) *Healing and real growth come from within.* Others may help and guide, but the real change has to be driven by the person herself. She has to decide and choose. She has to act. This is also true of healing processes involving families and even whole communities. The process has to come from within.

b) *True healing involves revisioning and relearning.* It requires reflecting deeply on the nature of harmony and balance (i.e. visualizing what health would look like and feel like and act like and think like). It also requires thinking about how one's life got out of balance, and about what is needed to restore balance.

c) *Healing requires accepting responsibility* for what one has chosen or done in the past.

d) *True healing is not only the healing of individuals.* It involves the healing of family and community relationships, behavior patterns, and ways of seeing and doing things.

e) *Healing involves discipline, perseverance, determination, and time* (sometimes a long time).

f) *Healing means restoring the balance.* Healing is possible, but not without love and forgiveness.[10]

Part Two: The Un-Making of a World

A brief review of historical processes that undermined traditional systems for maintaining balance and harmony.

A. European Contact

The earliest written records we have of contact between European and Canadian aboriginal peoples is through the diaries and journals of explorers, missionaries, traders, and government workers. While each community of people has its own story to tell, there are strong similarities across the continent in terms of:

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10 Rupert Ross talks about the forgiveness tense, which in some aboriginal languages is a way of speaking about what someone has done in the past that conveys that the past is forgiven, and balance has been restored. (See Ross 1995:189)

a) how Europeans viewed aboriginal people (as children, as "in-the-way", as savages, as a problem to be overcome);

b) what motivated European contact with aboriginal people (saving souls, commerce, and trade, gold and other resources, a need for land);

c) how aboriginal sovereignty and aboriginal land was viewed (all indigenous peoples are subjects of the Crown and all lands are property of the Crown, and therefore ours to exploit and rule).

These views are confirmed over and over in government records, Hudson Bay traders' journals, and missionary correspondence. Two of the latest treaties to be signed involved the Dene people of the Mackenzie Valley. Fr. Renee Fumoleau presents very powerful evidence that even as late as 1900 (Treaty 8) or 1921 (Treaty 11), aboriginal people were viewed as obstacles in the way of nation building and a vast reservoir of natural resources ranging from timber and gold to oil (Fumoleau, 1973).

What did not happen (for the most part) in the relationship between Europeans and aboriginal people was the meeting of human beings as equals and the building of alliances based on mutual respect and justice. The sheer force of numbness, superior fire-power, and the gradual erosion from within of aboriginal people's concept of self-worth and identity all contributed to the gradual un-making of a way of life.

B. The Process of Contact

Following is a thumbnail sketch of the process of European contact. Each of the elements listed occurred in slightly different ways, in different time frames, and brought different outcomes depending on which parts of the continent we consider. Nevertheless, most aboriginal people have been impacted in some way by all of these.

a) *Trade* – by getting involved in the fur trade as guides and trappers, many aboriginal economies gradually shifted from subsistence (you take what you need) to being centreed on cash. With this shift came a gradual dependence on certain foods and other staples for which cash was needed. Some of the impacts of cash dependency were (i) that it took more and more time and energy to get less and less food and other needed trade goods; (ii) when the fur trade collapsed at the end of WW I and WW II (Europeans weren't buying furs), trading posts closed without notice. Trappers and their families arrived at trading posts with furs, and no one was there. Many starved; (iii) Traditional economies shifted from mutual responsibility and sharing as a prime value to individualized wealth and poverty. All of this set the stage for later welfare dependency.[11]

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[11] See Ash, M. (1976) "Some effects of the late 19th century modernization of the Fur Trade on the Economy of the Slavey Indians", in Western Canadian Journal of Anthropology, 6-4, pgs. 7-15.

b) *Missionization* – European missionaries came to save souls, and introduced a gradual process of eroding away people's belief in their own spirituality and cultural heritage. One impact was the introduction of spiritual and cultural self-doubt and distrust of one's own experiences, traditional wisdom, teachings and ways of understanding the world.

c) *Disease* – sometime before Europeans ever reached aboriginal lands (as in the far north), European diseases made their way into aboriginal communities through indirect contact via travelers. There are many terrible stories of diseases ravaging whole communities. In the United States, unscrupulous land speculators and traders attempted to wipe out whole tribes by giving them small-pox infested blankets. In northern Canada, flu epidemics killed thousands of aboriginal people in 1911-12 and again in 1921. One Yukon woman reports that her mother was a girl of nine or ten when their entire family got sick and died. The family was out on the trap line. The little girl somehow made her way to another camp some fifty mile away. She was the only survivor in her family of seventeen people.[12]

d) *Colonization* – the economic and political annexation (i.e. takeover) of aboriginal peoples and their lands to serve European economic and geo-political interests left most aboriginal peoples impoverished and dependent on others for basic survival needs.

e) *Education* – education was used as a tool to domesticate (read Europeanize) aboriginal people. The basic belief of those who ran the early mission and government residential schools was that aboriginal cultures and language were primitive and inferior. The only chance native children would have for decent lives would be to learn to speak English (or French), to become good Christians, and to learn to read, write, and think the way white people do. *Assimilation* was the conscious goal of education. Native people were to become absorbed into the dominant culture. They would cease to exist as distinct cultural entities.

Following is a brief outline of the impact European schooling has had.

i. Some aboriginal people gained the tools they needed to live and work with the dominant society. Without these people, many communities would have great difficulty with the context of modern Canada.

ii. Whole generations of children who were sent away to residential school were not parented within the embrace of their own families, cultures and communities. Children parented by institutions have no role models of how to be parents themselves, especially in terms of passing on the values and teachings of the culture.

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[12] Reported by Shirley Lindstrom (Tlingit) in a conversation with the authors.

iii. Many children experienced tremendous fear, suffering, pain, trauma, and the loss of language, culture, traditions and relatives.

iv. Many children learned to be ashamed of their own identity, and to distrust and disbelieve in the value of the traditional past.

v. Cut off from their own past and native identity, but not accepted in the white world, many of these children grew up caught between two worlds.

vi. Community norms and boundaries were never internalized in these children. They never learned traditional concepts of respect and how to view everyone as relations. Foreign concepts of behavior and boundaries were introduced.

vii. Wide-spread physical and sexual abuse were introduced into the behavior patterns.

viii. When these people returned to their home communities (1950s and 1960s), the traditional safeguards to protect the community from disease were simply not there. This generation of children had grown up without them.

a) *Bureaucratization* – most Canadian aboriginal people were eventually placed on set-aside lands called reserves, and made to organize their community affairs according to Canadian government legislation (such as the Indian Act). The chief and council system (really a copy of the mayor and council municipal model) was imposed, and many aspects of life from cradle to grave came to be highly regulated. These rules and regulations were almost never of the people's own making. One overall impact of this system is an increase in dependency on others to solve problems.

b) *Media* – the impact of the media on the thinking and behavior of community people, and especially young people, is profound in most aboriginal communities. Dominant culture, television, movies, and radio influence everyone towards values of individualism (the rights and well-being of the individual are more important than those of the community), materialism, and the ever declining morals of the dominant culture.

C. The Legacy of Contact and Colonization

All of these factors have had an impact on the capacity of aboriginal communities to address the critical human and community development challenges they face.

1. *Disconnection and alienation from the culturally based spiritual and philosophical resources.* This process left many aboriginal people without a vision for many dark years. Concepts such as the interconnectedness of all things (the ecological world view), mutual responsibility, sharing, caring and respect, the maintenance of proper

boundaries, and technologies and processes for restoring harmony and balance — all of these have had to be rediscovered.

2. *Poverty* plays a major role in what communities now face. Aboriginal people were once self-reliant and extremely efficient in making a living from their environment. Now, communities struggle with generational welfare dependency, unemployment rates of eighty to ninety percent and the culture of poverty (i.e. addictions, dependency, apathy, and perceived powerlessness) as they try to find solutions to the problems they face.

3. *The treaties and the law* – now most communities struggle with a foreign system of government (Chief and council) that seems to perpetuate fragmentation, disunity and corruption, and seems to discourage and even undermine the political empowerment of grassroots people. Communities must also work with a justice system that is driven by a very different view of how to define and deal with deviance, dysfunction and imbalances in behavior.

Out of all of this, a gradual pattern of community disease began to emerge. Some of the signs and symptoms of that disease included the gradual increase of alcoholism (which exploded in the 1950s to extremely high levels in many communities when it became legal), power struggles and jealousy created by the new political system, internal disunity over religion, the introduction of sexual abuse as a community pattern through the residential school generation (never spoken about), family and communal violence, suicide and other mental problems, and an increase in poverty, neglect of children and dependency due to addiction and dysfunction.

D. Under the Covers

The following sequence of events describes the pattern through which sexual abuse is known to have been introduced into the aboriginal community system:

1. Children were taken away from their families and communities and put into huge impersonal institutions with many other children. They had to live with strange rules, language and food. This caused the triple trauma of: (i) loss of parents; (ii) uprooting from family, community and culture; and (iii) incarceration (loss of freedom). This alone is sufficient trauma to cause severe problems in the lives of most children.

2. Infusion of cultural self-doubt and even cultural self-hatred was a by-product of schooling. Children were made to believe that their own ways of seeing, thinking and valuing were inferior. To be "Indian" was to be savage, uncivilized, and low. Children learned to feel ashamed of their own parents, language, heritage, tradition and beliefs. A deep mistrust and disbelief in one's own culturally rooted sense of spirituality was introduced.

3. A new sense of "normal" and "healthy" regarding sexuality was introduced. On one level, new boundaries and rules were introduced and reinforced (e.g. girls must wear gowns in the shower). Sexuality was no longer sacred and natural. It was dirty, evil dangerous, and on a deep level, enticing. The newly introduced cultural framework made sexuality a fixation. One of the several extremes of expression became normal — fear of sex or sexual abuse.

4. New boundaries were established concerning privacy, one's body, touching, looking and even thinking with respect to sexuality. Dormitory life developed its own culture, quite different from the traditional/community culture. Different boundaries and rules of "engagement" were unconsciously reinforced.

5. Many children experienced emotional, physical and sexual abuse by staff.

6. Later, older children began abusing younger children.

7. There was no healing process introduced to deal with the trauma of abuse.

8. Abuse was hidden, covered up, denied or minimized. We now know of many cases where children reported abuse, relatives attempted to address it, and the entire matter was covered up by relatives or associates of the abusers (e.g. Mount Cashel, Newfoundland).

The consequences of all of this can be summarized as follows:

a) sexual abuse as a *community pattern* began occurring in some communities as early as the 1940s;
b) many parents and grandparents stopped talking openly about sexual matters;
c) churches created a new ethos of shame about sexuality (e.g. girls in residential schools were made to shower wearing gowns);
d) the reality of abuse in the residential schools was not generally known, and in fact was covered up until the 1990s;
e) sexual abuse disclosures and the healing process related to sexual abuse did not begin in Canadian aboriginal communities until the mid-1980s.

Part Three: The Aboriginal Healing Movement[13]

A. Roots

The years between 1950 and 1980 were some of the darkest years in living memory for many Canadian aboriginal communities, but they can also be thought of as the darkest hour before the dawn. For there really has been a dawn in recent years, a new awareness of spirituality, native identity, and healing in many aboriginal communities across Canada.

The seeds of trust and awakening were always present, planted by the wise elders of earlier generations in stories, songs, ceremonies, and sacred teachings. Many of those old ways had gone underground because of religious and legal persecution as well as political repression.

The 1960s were a period of political and cultural reawakening for many peoples in both the United States and Canada. The birth of the aboriginal rights movement, through such organizations as AIM (the American Indian Movement) in the United States, and the National Indian Brotherhood in Canada marked the visible and more public beginning of a new era in modern aboriginal healing. But there was another side to the process of transformation now underway in hundreds of aboriginal communities across Canada. In addition to the political empowerment process, three other powerful streams have contributed to the emergence of what is clearly an indigenous peoples healing movement. They are :

1. The revival of traditional spirituality;

2. The introduction of personal growth and healing as a primary line of action in community life through such programs as Alcoholics Anonymous (AA), and a whole host of strategies and programs for addressing substance abuse, sexual abuse, violence, and the need for personal growth;

3. The health promotion and healthy communities movement.

Many communities have experienced the revival of old ceremonies, practices and teachings such as smudging, the sweat lodge, the use of the sacred pipe, fasting, vision quests, ceremonies for naming, healing, reconciliation, and personal or collective commitment. Some communities seemed to have forgotten their own ceremonies, and so whole generations of younger men and women travelled to other communities and tribes

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13 This section draws heavily on previous work by the authors entitled "Alkali Lake and the Indigenous Peoples Healing Movement".

across the continent to find spiritual teachers who would help them recover something of their own aboriginal spiritual teachings and practices. Sometimes, as the teachings and songs of another tribe were introduced in a community, the elders would begin to share their own heritage which had been hidden away in their hearts for so many years.

Sometimes, too, the reintroduction of native spirituality was opposed by Christian Churches who taught their people that such things as smudging and sweat lodges are instruments of Satan. In most communities where this struggle has gone on for any length of time, a spiritual reconciliation occurs in which everyone agree to respect the religious choices, beliefs, and practices of the others because really "there is only one Creator and we are all His children". In many communities we are now seeing the churches welcoming the drum, the sacred pipe, smudge, traditional stories and other cultural resources into the processes of worship and Christian life.

What is significant about all of this relative to the issue of addressing sexual abuse is that the bringing back and re-legitimizing of traditional spiritual and cultural teachings has already contributed a great deal to community healing and development processes. Indeed, much of the primary thinking is about what healing is, how it can be promoted and maintained, and how it is intimately contained in the whole hoop of life encompassing individuals, families, groups, organizations, communities, and nations. Many of these insights have come from indigenous people's cultural foundations, and are now actually being borrowed and used by dominant society health practitioners because they are so powerful and effective.

The other primary stream which continues to contribute to the indigenous people's healing movement (in addition to the political empowerment process and the revival of indigenous spirituality and culture) is the addictions and human potential movement. Alcoholics Anonymous (AA) has been a very important contribution. It is important to note that many aboriginal people have been helped through participation in AA, and also many communities have been impacted and helped because AA members stuck it out and persistently held meetings (sometimes for years) even if only a few people ever came. It is also fair to say that many communities took AA concepts and practices (such as the twelve steps) and integrated them into healing approaches that were better suited to community realities and conditions than non-native urban approaches to running AA meetings. At the same time, the adult children of alcoholics and codependency models were emerging out of AA, and these approaches have also been a profound influence on the content and process of the aboriginal healing movement through the pioneering work of people like Jane Middleton Moss and Ann Wilson Shaef.

The human potential movement provided another substream in the healing process. This movement has its origins in gestalt therapy, holistic health, eastern yoga, meditation, and cultural development strategies, and in the performing arts, (theatre, music, and dance applied to healing). From this substream came a strong focus on health and wellness rather than sickness. This departure from the "medical model" provided an important support to indigenous concepts of health and healing. This support has been mutual; i.e. each group's perspective has reinforced and helped legitimize the others. This mutual

agreement and support for a health and wellness approach to community health development was also supported by the World Health Organization, beginning with a declaration prepared at a world conference held in Alma Ata (Russia). The Alma Ata declaration defines health as "not only the absence of disease", but also as control over all those things which lead to health. From this kind of thinking, the health promotion and healthy communities movements were born, and these approaches have much in common with aboriginal community healing concepts and practices.

What is significant, for purposes of this manual, is to point out that the health promotion/healthy communities approach[14] is recognized by dominant culture health professionals as a legitimate strategy for addressing fundamental health issues.

In Canada, the aboriginal healing movement was given a major boost by the Canadian government Department of Health through the establishment in 1982 of the National Native Alcohol and Drug Abuse Program (NNADAP). The first directors of this program made a tremendous contribution to the Canadian aboriginal healing movement simply by listening to indigenous community voices, and supporting indigenous thinking in the building of solutions to address the prevention and treatment of alcohol and drug abuse. By the early 1980s, alcohol and drug abuse had been recognized by aboriginal leaders and health professionals as the number one health problem facing aboriginal people in Canada.

As can be seen from this thumbnail sketch outlining the emergence of the aboriginal health movement, no one person, group, or community can be credited with starting the movement. Spiritual leaders, elders, and very many others had been praying for some way to help their communities out of the black hole of despair that was engulfing them and killing many of their people. Countless community heroes and heroines have sacrificed years of their lives to bring it about and there were many outside helpers who arose in the form of role model communities or helping organizations that continue to contribute to the process. We have already mentioned the emergence of NNADAP as one of these. Following are a few more examples:

1. The Four Worlds Elders Conference (December 1982) gathered aboriginal elders, spiritual leaders, and leaders of thought from some forty different tribal groups to develop an analysis, principles, and strategies to guide action in overcoming alcohol and drug abuse. The basic thinking from that conference became the foundation for the Four World Development Project, which worked over the next fifteen years with hundreds of communities across Canada and the United States in healing and development activities. Four Worlds was one of a handful of organizations working nationally to develop models, principles, and prototype living examples that would help communities see how to initiate and sustain community healing processes. Several others working in the early 1980s in this way included The Nechi Training Institute (Alberta), Round Lake Treatment Centre (Vernon, B.C.), and The National Association of Native Treatment Directors.

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[14] Also referred to as the determinants of health or primary health care model.

2. Alkali Lake is a community in British Columbia (near Williams Lake) that experienced a dramatic turnaround in alcohol abuse. Starting with one sober person, the community eventually reached sobriety levels of ninety-five percent. A dramatized retelling of the Alkali Lake story was made into a movie (and video). The movie was made by collecting stories and interviews from the people of Alkali Lake, and then by taking their own words and weaving them into a script. There are no professional actors in the film. Most of the characters are Alkali Lake people playing themselves. In the words of one of them (Freddy Johnson), "I wasn't acting, I was playing back my life". The film, entitled "The Honour of All: The Story of Alkali Lake"[15], was a key event in the emergence of the aboriginal healing movement. Thousands of aboriginal communities across North America were able to see, many for the first time, that healing really is possible.

3. The National Native Association of Treatment Directors: A national network of some forty residential and mobile treatment programs was formed to enable programs across the country to learn from and contribute to each other. These groups have laboured tirelessly and constantly over the years to provide healing and learning opportunities for thousands of individuals and hundreds of communities across the country.

4. The Hollow Water Community Holistic Healing Circle: Hollow Water, Manitoba, is one of a handful of communities that have successfully created a healing process to address the difficult issue of sexual abuse. The Hollow Water model involves the formation of a community response team. The team (made up of people who have had to address their own abuse issues) works with the police, the courts, child protection services, victims, their families, and victimizers. The goal of the program is healing — healing of everyone involved, and bringing the community back to balance and health. Hollow Water's courage, success, and role model example have been an inspiration to many other communities.[16]

These and many other important people and programs, at every level, (local, regional, provincial, national, and international) have all influenced each other in many ways. From this interconnected system of healing and development work (in Canada, the U.S., New Zealand, Australia, and elsewhere) an international Indigenous people's healing movement has emerged. This movement is reinforced and further developed through publications, internet connections and exchange projects, but its real strength is that it is promoting healing and health development in aboriginal communities everywhere.

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[15] Produced jointly by the Alkali Lake Indian Band, Phil Luca Productions, and The Four Worlds Development Project. Funded by Health Canada's National Native Alcohol and Drug Abuse Program. The film can be ordered from the Alkali Lake Indian Band.

[16] For an in-depth review of the Hollow Water Story and underlying issues and models, see "The Four Circles of Hollow Water", published by the Aboriginal Corrections Policy Unit of Solicitor General Canada. Aboriginal Peoples Collection (APC 15 CA 1997).

Among the features of the aboriginal healing movement that seem to be agreed upon by almost all aboriginal people are the following:

a) The process of healing and development is rooted in aboriginal culture. It is culture that gives shape, energy, key principles and ways of working that can bring the healing process about and sustain it.

b) Spirituality animates the movement at its core.

c) A common language and generally agreed upon principles and models have emerged. (Some of these have been discussed in this chapter).

d) Lending and borrowing is common, both between aboriginal groups, and from non-aboriginal concepts and models relevant to the work. The movement has no particular centre. Rather it operates as a web of interconnected individuals, communities, organizations, and collaborative partnerships.

Shared Principles

Following is a summary of four of the important ideas and principles that continue to animate the aboriginal healing movement.[17]

1. *Re-connection with the Creator and with one's cultural roots is fundamental and necessary.* Without those connections healing is extremely difficult, if not impossible.

2. *The healing of individuals and the healing of families and communities go hand-in-hand.* Thus, a whole person, whole community approach is called for, involving the movement toward mental, emotional, physical and spiritual well-being of individuals and families as well as the political, economic, social and cultural well-being of communities. Therefore problems like alcoholism or sexual abuse can not be isolated and dealt with apart from the rest of human and community development. Everything is connected to everything else.

3. *A shift from a sickness to a wellness approach is needed.* This means that our primary energy and thinking should be poured into building a healthy life in all of its aspects, and not in trying to root out sickness or problems. The ability to visualize and move toward well-being is a human capacity. It needs to be developed, educated, disciplined, and put to work in order to bring about real health in our communities.

4. *It is not just change that is needed.* What is required is a fundamental transformation of the web of relationships we live within (mental, emotional, physical, spiritual, political, economic, social, and cultural). This means that our personal relationships with the Creator, with ourselves, with our family and loved ones, with our co-workers

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[17] While there are many other important ideas, we have highlighted these because of their relevance to the issue of sexual abuse.

and community members — all of our relationships, past and present, work together to create the world we now live in. If this world, and our life in it, is crippled by addictions, abuse, fear, and hurt, then we need a different world, a different life. The only way to reach that abuse and addiction-free world is to re-create our fundamental relationships so that what comes out of them is health, life, and well-being, rather than abuse, hurt, and death. The re-creation of our lives and our communities is what healing and development really means.

RESOURCES

FOR

CHAPTER ONE

Excerpts from THE SACRED TREE

Dedicated to the countless clans, tribes and nations of indigenous people throughout Mother Earth whose sacred visions, dreams, prayers, songs, wisdom, experience and kind guidance form the foundation and living reality of the *Sacred Tree*.

Produced Collaboratively by:
Judie Bopp, Michael Bopp, Lee Brown and Phil Lane

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FIRST PRINCIPLES

What follows is a summary of some of the important teachings of the Sacred Tree. Each one of them is a gate opening onto a path. It is for the traveler to step through the gate and begin the journey.

1. **W**holeness. All things are interrelated. Everything in the universe is a part of a single whole. Everything is connected in some way to everything else. It is therefore possible to understand something only if we can understand how it is connected to everything else.

2. **C**hange. All of creation is in a state of constant change. Nothing stays the same except the presence of cycle upon cycle of change. One season falls upon the other. Human beings are born, live their lives, die and enter the spirit world. All things change. There are two kinds of change. The coming together of things (development) and the coming apart of things (disintegration). Both of these kinds of change are necessary and are always connected to each other.

3. Changes occur in cycles or patterns. They are not random or accidental Sometimes it is difficult to see how a particular change is connected to everything else. This usually means that our standpoint (the situation from which we are viewing the change) is limiting our ability to see clearly.

4. The seen and the unseen. The physical world is real. The spiritual world is real. These two are aspects of one reality. Yet, there are separate laws which govern each of them. Violation of spiritual laws can affect the physical world. Violation of physical laws can affect the spiritual world. A balanced life is one that honors the laws of both of these dimensions of reality.

5. Human beings are spiritual as well as physical.

6. Human beings can always acquire new gifts, but they must struggle to do so. The timid may become courageous, the weak may become bold and strong, the insensitive may learn to care for the feelings of others and the materialistic person can acquire the capacity to look within and to listen to her inner voice. The process human beings use to develop new qualities may be called "true learning".

7. There are four dimensions of "true learning". These four aspects of every person's nature are reflected in the four cardinal points of the medicine wheel. These four aspects of our being are developed through the use of our volition. It cannot be said that a person has totally learned in a whole and balanced manner unless all four dimensions of her being have been involved in the process.

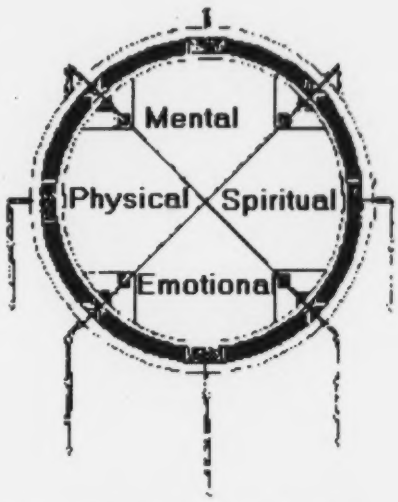
8. The spiritual dimension of human development may be understood in terms of four related capacities.

First, the capacity to have and to respond to realities that exist in a non-material way such as dreams, visions, ideals, spiritual teachings, goals and theories.

Second, the capacity to accept those realities as a reflection (in the form of symbolic representation) of unknown or unrealized potential to do or be something more or different than we are now.

Third, the capacity to express these nonmaterial realities using symbols such as speech, art or mathematics.

Fourth, the capacity to use this symbolic expression to guide future action — action directed toward making what was only seen as a possibility into a living reality.



9. **H**uman beings must be active participants in the unfolding of their own potentialities.

10. **T**he doorway through which all must pass if they wish to become more or different than they are now is the doorway of the will (volition). A person must *decide* to take the journey. The path has infinite patience. It will always be there for those who decide to travel it.

11. **A**nyone who sets out (i.e. makes a commitment and then acts on that commitment) on a journey of self-development will be aided. There will be guides and teachers who will appear, and spiritual protectors to watch over the traveler. No test will be given that the traveler does not already have the strength to meet.

12. **T**he only source of failure on a journey will be the traveler's own failure to follow the teachings of the Sacred Tree.

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The Role of Spirituality in Development

Listening to the Elders
Eddy Box

Eddy Box is a Ute elder from northern Utah.
We asked him about the nature of true healing and power

Exchange:
One of the lessons communities are struggling to learn about now is related to healing. It has to do with how we think about ourselves. If we think of ourselves as "sick" or "diseased" does this somehow slow down the healing process?

Eddy Box:
This old man came to me one time and knocked on the door. He's part Spanish. He talks Spanish and Indian. So he comes up "Compadre, please help me." He was kind of staggering. I said "What seems to be wrong?" He said "I got pain; its my pain, its just like my rheumatism. Can you give a good fan job?" While I was doing that, I realized that this wasn't the first time he came to me. I got to thirsting "am I going to do this every time?" So I got through and I talked to him. I said:

"You know, you come to me like this, and ask me to take it away from you. We try as much as we can to do that for you. But you always tell me that you like it; whatever it is, you like it."

He says "I don't say that!"

I said "Maybe you don't notice it, but you say my rheumatism. You are talking on this level saying this is my rheumatism. And when anybody tries to help you, you have already claimed it as yours. No matter how many fan jobs you get, you'll not get rid of it. Because your spirit already told you it's yours. And nothing is going to cure you. From now on, when you go home think about it. When you say your prayers tonight, don't say my rheumatism. Say my body is in perfect shape...no hurt, nothing. Then I want you to come back and open my door, and I want you to run."

About two weeks ago, I heard a knock. It was him; he said "Look at me Compadre!" and he ran in! I said "Did you get rid of it?"

"Its not mine any more!" he said. He got rid of it.

It's just the same in the work that you're going to be doing. Put this in the minds of the people. You're going to be telling people what you think about certain things that they're going to do. And at the same time, we ourselves are going to say those things. When we

say those things, we're going to put our mind through it, and its going to be that way. Way ahead of time. Its going to be that way. I believe and have faith. Grandfather's going to take care of it.

Exchange:
It seems like many of our communities are caught in identifying themselves with the negative. We say "We have an alcohol problem." But isn't it important to acknowledge our problems?

Eddy Box:
About ten years ago, I was invited to go to an AA meeting. The first thing I saw on the wall was "I am an alcoholic." I accepted it; I said "I guess everybody does think like that." And when they come up and talk among us, they say "I am an alcoholic."

After that meeting I got to thinking. And it came to my mind that when you repeat some of those words to your spirit and tell them "I am an alcoholic" no program in this world is going to help you. You're going to be an alcoholic for the rest of your life. Because your spirit has accepted that. Once your spirit accepts it, nothing helps.

So, next time I went back in, they asked me what I thought of the program. I said "I think its a good program, only the first thing is that I would take that sign off, the one that says 'I am an alcoholic'."

He said "That's part of the program. It comes from the central offices in Washington. And the patients have to let us know that they are alcoholics. What would you do?"

I told them I would take the whole thing off. I would put in "I am a human being." Human beings got no alcoholic, he is this pure spirit. And you've got to do that. When you tell these people I am a human being, they will become a human being to overcome the alcoholism.

Exchange:
Some counsellors working with sexual abuse victims have learned that it really helps for the victims to see that what was abused was their bodies — what some call their earth suit — but their spirit could never be abused. The only one that can abuse your spirit is you, they say. Is this the sort of approach you are talking about?

Eddy Box:
When you say I am an alcoholic, you're talking to your spirit. And your spirit is so powerful, it accepts and nobody can cure it. I'm not saying that came from me, I just kind of thought about it and studied it. Then I had to go back to the elders when they were warriors. The warriors, the image of the warrior, was built when they were in a cradleboard. As they go through the stages of growth, it's still there. And nothing is going to change it. They know "I am a warrior, protector, provider, fighter." What's bringing us down today is the alcohol, the drugs and everything else. They're the enemy of today.

And we're the protectors, providers and fighters. Providing information that the people can use to overcome that enemy.

Also, as I think about it, I remember some of the elders were always talking about what was put into you by the Creator. I asked what they meant by that. And they would go back, to when Grandfather created the world, the universe. He created the earth. And then He stopped and looked at it. And something wasn't complete yet. So He said I'il create something, somebody that's going to look like me. A two-legged. Then he created them out of the earth. He made a mold of a figure that looked just like him, and there it was. And He blew part of Himself into that. So that s what they were talking about. Recognize it. That's the One that's going to help you through these things. This is the One that can overcome many things...it can overcome that alcoholism. Anything that the world throws in front of you, it'll overcome that Give it to Grandfather. Don't worry about it, give to Him.

But in the mean time, we're not going to go along everyday not doing anything about it. We're always going to say "If you help me to help the people...if you help this individual that is having problems...I will open myself to You." And He will flow through me to this patient. In the meantime, this is what I'm going to do. I'm going to be a little kinder to people. Then He will go through. That's part of the teachings, it's not a secret; it's what the elders had. Today, we didn't lose it, it's still with us. But we've got too much piled up on top of it. We can't seem to separate some of those things. That's what we're doing now. We're going to be doing that. And it's going to have an impact with some of those people. It's not going to look back to us. They will say "Why didn't I know that before?" And they themselves are going to turn around. And when you talk to them, they'll go along with you. This is the way I believe.

Exchange:
If somebody today wants to become a healer, a person who can help our communities through the rough times they are going through, what would you advise them to do?

Eddy Box:
In today's world, we've got to build an image. You've got to build an image of the way ahead. Say, "This is what I'm going to do. I'm going to be useful to my people." You have to put yourself in the form of a warrior and a protector. You've got all the reason to do that, to become that one. Go to school, do this. You'll see a lot of Indians going by. This is what Grandfather wants you to do. To build an image and to work for it. Don't be afraid of discomfort. The choice is made to go the easy way and you reach a point where there's no turning back. Take the road that goes up, with all kinds of obstacles. You have to suffer a little bit.

We have the feeling that we have been hurt. You've got to get rid of that first. This is very difficult. When I talk like this, the people can think whatever they want about it. Some of the things that I have picked up from the Grandfathers, I'll even say "No way! I'm not going to do that!" They said be good to each other. They say be good, even to the

white man. Our Grandfathers said that. Are we going to be good to the white man after what they have done to us? Some people would think, "No!" They think, "Look what they did to our tribe." But, who is telling you this? Grandfather is telling you to do this. That was the test for us being Indian people. And He said when you get rid of your anger, everything that you ask for in His name will come to you with no difficulty. Because you have built a compassion inside of you to the human race of the world. See, that is what they were talking about. But very few of us are following that because of what happened in the past. We still have anger, and we have to get rid of some of that anger. I may not sound like a very good Indian, but I'm talking about spirituality.

History And Philosophy[18]

The following are the four core principles without which solid community development cannot take place.

FIRST **Development from Within**

Healing and development must come from within the communities people who desire change, and must largely be directed by those people true that outside support will be needed at critical junctions in the process also that changes may be required on levels far removed from the community. But, if our efforts are to succeed, development solutions must emerge within developing communities.

SECOND **No Vision; No Development**

If the people have no vision of human possibility other than the community which they find themselves, they cannot heal themselves, they cannot develop and ultimately, they cannot survive.

Culture is the mother of vision. Developing people need to rediscover life-preserving, life-enhancing values of their own traditional culture. They need to understand what happened to them as a people, what changes made their world the way it is today. Every culture contains within it pathways for seeking new visions of possibility. These must be vigorously and systematically pursued. As vision of how to live life emerges, it must be articulated and connected to the minds and hearts of the people.

THIRD **The Development of Individuals and the Development of the Families and Community go Hand in Hand**

The strengthening of families and the development of the community directly contributes to the healing and development of individuals. Conversely, as individuals become stronger, more knowledgeable, and more committed to the process of development, they contribute to the overall development of their families and communities. These two dimensions of the process are interdependent. If one is missing, the other cannot occur.

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[18] Reprinted with permission from Four Worlds Press "*Toward the Year 2000*".

FOURTH A Great Learning Enterprise is Required

A great life-long learning enterprise is required. People have to learn how to live in the world as individuals, families, and communities in new ways that are life-preserving and life-enhancing. This learning enterprise begins in the mother's womb and continues until a person passes on to the next world. It is not only individuals who must learn. Organizations, institutions and communities must also learn to live in new ways. *Learning is* the fundamental dynamic of human development.

CHAPTER TWO

UNDERSTANDING SEXUAL ABUSE IN FIRST NATION COMMUNITIES

Introduction

In order to understand how to deal with sexual abuse in aboriginal communities, the following key areas need to be explored.

1. What is healthy thinking and action regarding human sexuality? Is healthy the same as normal? How has aboriginal community understanding and lived values surrounding sexuality changed along with the changing norms and trends in the dominant society?

2. What is sexual abuse? What is the difference between sexual abuse and healthy sexual behaviour?

3. What is wrong with sexual abuse? What impact does it have on people? Why is it regarded as such a "problem"?

4. We now know that there is a high level of sexual abuse in many aboriginal communities. What are the key patterns regarding: (a) the stages of abuse, (b) patterns of cover up and denial, (c) obstacles to disclosure, (d) responses to disclosure, and (e) issues at the time of disclosure and afterward?

5. Is the aboriginal community experience unique? Does sexual abuse occur in the non-aboriginal community? Is it a serious problem in those communities?

Part One – Healthy Sexuality

In the past, elders from many tribes taught a variation of the following. Sexual energy is the energy of life longing for itself. At the very core of creation (the creative process) is love. Love is the attractive force that holds together the very elements and particles that make up the universe. Without love, there would be no universe. The stars and planets would break apart and scatter. All living things would die. Sexuality is the force of life within us. It is sacred. It is powerful. It re-creates life. Because it is so sacred and so powerful, it must be treated with the utmost respect.

Respect as it relates to sexuality means is the proper observation of boundaries (like a fire must be contained to make the best use of its power, and to prevent real harm from occurring).

Hence, our young men and women were taught to have a deep respect for the power that flows through them. Neither would dare to cross the boundary of sexual expression except "in a sacred manner".

The Lakota story[19] of the two brothers who met the White Buffalo Calf Woman, the holy woman who gave the first pipe to the people, stands as an example of the warnings for caution and respect in the sexual area common to most tribes.

The story tells of how the brothers were travelling on the prairies when they met a beautiful woman walking toward them. One of the brothers saw that she was a holy woman, and in his heart he felt awed and reverent. The other brother saw that she was incredibly beautiful and he lusted after her fiercely. She smiled at the second brother and opened her arms to him. He did not hesitate. He rushed into her arms expecting to satisfy his lust. She surrounded him with her shawl, and when she removed it, all that remained of him was a pile of ashes. The other brother was given the sacred pipe and taught its meaning and its ceremonial uses. He became a bringer of healing and life-giving energy to his people.

We know that all tribes had their own ways of educating children about sexuality. The remarkable pattern which reoccurs over and over again across almost all tribes is a balance between two fundamental attitudes regarding sexuality:

a) Sexuality is a natural part of life. It is not dirty or shameful. It is good. There is nothing wrong with exploring one's own body and sexuality (as children naturally do from infancy and through all stages of development). It is healthy and natural for young people of the opposite gender to want to explore the sexuality of the other.

b) But, there must be boundaries and limits. As young people reached puberty, boys and girls were usually separated. The boys were taken and educated by their fathers, uncles and grandfathers. The girls were likewise educated by the elder women. An important part of this education was learning about the responsibilities and necessary boundaries related to the expression of sexuality. Boundaries such as the following were common:

- No sex between adults and children.
- Unmarried men and women must wait to have sex until they are married.
- Once married, a couple must remain faithful to each other. They must not have sex with other people.
- It is wrong and harmful to have sex with someone else's spouse.
- It was taught that these rules protected the people form many evils, including various kinds of disease, disunity, jealousy, broken families, and wounded hearts and spirits.
- It was also taught that the boundaries of how to express the energy of "life longing for itself" were taught to the people "in a sacred manner," and that the deeper reason for honouring these teachings must come from a profound

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19 As told by Phil Lane, Sr., Lakota elder.

reverence for life itself. In traditional times, these attitudes and behaviors were considered "normal."

So what is considered normal today? The word "normal" (which comes from the root word "norm") means "the way things usually happen or are done." It is normal for parents to love their child. It is normal to feel hungry after going a long time without food. It is normal (in Canada) for vehicles to drive on the right side of the road. Regarding human sexuality, there has been a major shift in values, attitudes and expectations around what is normal. This is true both in Canadian society in general, and in aboriginal communities.

Different communities have experienced different changes, but following is a partial list of attitudes and behaviors that many people have gradually come to accept as a part of the way it is.

- young people having sexual intercourse regularly even as early as the age of 12 or younger
- promiscuity (i.e. people having sex with many different partners)
- having sex as a recreational activity
- gang bangs (a group of males having sex with one female in quick succession)
- rape (forcing sex on someone)
- adult-child sexual intercourse, foundling or other interactions
- sex used as a bargaining chip to get what you want (either by withholding sex or offering it)
- disconnection between sexual relations and the responsibility for resulting children
- sexual acts between humans and animals

It would be useful to reflect on the reality that not only most North American tribal societies, but also almost all of the world's great religions and cultures, ask people to "see" sexuality and the rules related to it in a very similar manner to the traditional teachings outlined in this chapter. There are good reasons why this is so. We encourage the reader to think about what these reasons might be, and to talk about this question with your own family and community members.

Part Two – What is Sexual Abuse?

The term abuse has come into common English usage (within the healing movement and within law) to mean any action through which a person uses their power over someone else to get what they want. Abuse can be physical, sexual, verbal, psychological or even spiritual. Abuse involves two key elements:

a) a more powerful and less powerful person (such as an adult and a child or a violent man and a physically weaker woman).

b) a violation (crossing a boundary) in which the more powerful person uses his or her power to force or manipulate the other person to compliance, submission or cooperation (physical, sexual or other).

Sexual abuse, then, is an act (or series of acts) through which a more powerful person forces or manipulates a less powerful person into engaging in sexual activities. Power can be used in many different ways:

- a physically stronger person can use force to obtain sexual favour
- a manipulative person can use affection or bribes (money, things) or fear
- a person can use the power of rank, position, authority, or personal charisma to awe or psychologically seduce a more vulnerable person (often younger)
- a wealthy or politically powerful person can use his or her position to trade sexual favours for things the victim wants or needs.

Definitions of sexual abuse from other sources include:

a) "Any kind of sexual contact between two persons where one person is being victimized by it. Adults who have been victimized as children may often find themselves continuing to be victimized in their adult relationships. Abuse can take different forms: suggestive sexual remarks, child pornography, exposure, fondling, masturbation, vaginal intercourse, oral and anal sex." (Hilary Harper et. al., The Right to be Special: Native Alcohol and Drug Counsellor's Handbook for Working with Sexual Abuse Disclosure, National Native Association of Treatment Centre Directors, Calgary, Alberta, 1991.)

b) "Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency, and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance." (Susan Sgroid, Handbook of Clinical Intervention in Child Sexual Abuse, Lexington Books, Lexington, Massachusetts, 1982).

What is the difference between healthy sexual behavior and sexual abuse?

- Sexual abuse is always unhealthy. It always leads to dis-ease and hurt.
- Unhealthy sexual behavior is not necessarily sexual abuse. For example, recreational sex without commitment and proper protection can be harmful, but it is not necessarily abuse. Abuse involves the abuse of power to obtain sexual favours.
- The violation of traditional or other sexual norms is not necessarily sexual abuse (as defined above).

- Healthy sexuality means attitudes and behaviour related to sexual expression that lead to well-being (mental, emotional, physical and spiritual) of all of the people involved, both directly and indirectly, such as spouses, dependent children, and others who may be hurt.
- Healthy attitudes and behavior related to sexuality never involve the use of power to obtain sexual favours.
- Healthy sexual attitudes and behaviors virtually never involve crossing sexual boundaries set up to protect individuals, families and communities from harm. An example of crossing boundaries would be sex between adults and children, or sex that could cause the break-up of a family.

Part Three – Why Sexual Abuse is Such a Serious Problem in Aboriginal Communities

There are two sets of reasons why sexual abuse is considered to be a very serious threat to community well-being. One set of reasons relates to health and wellness. The other is related to the law.

A. ***Wellness*** – Sexual abuse is regarded as a very serious violation of human well-being. It can have an extremely harmful impact on victims, their present or future marriages, their children, and on future generations. Sexually abusing someone (and especially children) is like injecting a dangerous virus into their bodies. Although its effects can, at first, be hard to detect, sexual abuse interferes with child development, causes enormous anguish leading to depression and even suicide, can destroy present or future marriage relationships, can infect the children of the victim (either directly if the victim becomes a victimizer, or indirectly because of the hurt and dysfunctional family patterns generated by the abuse within which the child has to grow up), and can tear apart families and even whole communities many years after the abusive events occur.

B. ***The law*** – Because of the tremendous hurt and suffering sexual abuse brings, it has been made illegal in the criminal code of most countries (including Canada and the United States). This means that sexual abuse is always a violation of the law, for which an abuser can be arrested, tried and jailed. It has become a legal requirement in Canada that all sexual abuse disclosures must be reported to the police (and to Child Protection Services if the victim is a child).

This current legal environment in Canada presents another set of problems for many aboriginal communities. The cultural inclination of most aboriginal communities is to view sexual abuse as a sickness needing healing, and not as a crime that calls for punishment. As aboriginal communities begin to deal with the (sometimes massive) levels of sexual abuse in their communities, a number of problems arise.

1. Victims don't want to disclose patterns of abuse if it means their relatives will have to go to jail. This hesitancy usually allows the abuse to continue in some way.

2. Relatives pressure victims to forgive and forget, also not wanting to see their loved ones put through the Whiteman's legal system.

3. Communities do not believe that a legal solution is really a solution at all. Many aboriginal people believe that the dominant society legal system does not address the root causes of the imbalances that allowed sexual abuse to occur in the first place.

4. Front-line professionals (social workers, health and alcohol workers, political leaders, etc.) are caught between the pressures of two worlds — the aboriginal way of seeing the problem and the dominant society's way of seeing. This tension can be harnessed to build a creative win-win solution, but doing so is not easy.[20]

The Realities of Sexual Abuse

Sexual abuse takes many forms, occurs in all types of families, and to both male and female victims of all ages. Abusers can be old or young, male or female, rich or poor, public figures or social outcasts. Following are some important facts to be aware of about the realities of sexual abuse in aboriginal communities.[21]

1. A very high percentage of victims are children (eighty or ninety percent in some communities). Most children are tricked or bribed into abuse rather than forced.
2. A very high level of abusers are male (over ninety percent in most communities).
3. Most victims are abused by someone in their own family or extended family (this is called incest).
4. The next most common abuser comes from the family's circle of close friends and acquaintances.
5. Girls are victimized more often than boys.
6. Sexual abuse of boys does occur and is just as damaging as the abuse of girls.
7. Many abusers are older children or teenagers who were abused when they were the age of the victim.
8. Sometimes women are abusers.
9. Sometimes elders and even respected medicine people are abusers.
10. Sometimes respected community leaders, service providers, religious authorities, teachers, or law enforcement officers are abusers.

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20 The chapters in the latter part of this volume related to community intervention will present such a model, based on the community experiences of Alkali Lake, Hollow Water and others.

21 Sources: Harper et. al. (1991); McEvoy (1990), Sgroid (1981), James and Nasjleti (1983).

11. Some abuse is alcohol-related, but alcohol is not the cause of sexual abuse and is never an acceptable excuse or legal defense.
12. A great deal of the abuse that occurs is known about by family and friends of victims or abusers, but is covered up. Looking the other way, telling yourself it's not really true, refusing to believe it, or simply not talking about it because of the trouble disclosure would cause are all common.
13. Incest can be multi-generational; i.e. people who were abused as children within their own family are at greater risk than others of becoming incest abusers themselves. Certainly not all victims become abusers. Approximately a third (30%) of sexual abuse victims go on to victimize someone else.
14. Children don't usually lie about sexual abuse.
15. Children don't tell because they were told not to, because they have been threatened, or because they fear that no one will believe them or that bad things will happen to the abuser or the family.
16. Most children are made to believe that the abuse was their fault.
17. The cycle of sexual abuse (from victimizer to victim, generation to generation) can be stopped. It is not inevitable. All victims do not become abusers.

The Impact of Sexual Abuse on Victims

David Finkelhor and Angela Browne (1985)[22] list four categories of injury that child sexual abuse brings to victims. (We believe that all of these categories of victimization have a profound effect on adult victims and survivors as well.)

1. ***Developmental dysfunction*** (traumatic sexualization) – This category refers to the process by which a child's sexuality is shaped in developmentally inappropriate and interpersonally dysfunctional ways. From this abnormal trauma, children can learn:

    - to fear their own sexuality or sexual contact with others (sexual anxiety)
    - confusion about their sexual identity (heterosexual or homosexual)
    - confusion of sexual activity with affection
    - use of sexual favours to obtain approval, privileges, etc.
    - use of sex to manipulate others
    - a distorted focus on one or several parts of the anatomy
    - warped ideas about "normal" sexual behaviour or morality
    - frightening memories associated with sexual contact
    - promiscuity
    - low self-esteem

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22 Finkelhor, David & Associates (1986). A Source Book on Child Sex Abuse. Newbury Park, CA: Sage Publications. Adapted from Finkelhor, David and Angela Browne, A Model for Understanding: Treating the Trauma of Child Sexual Abuse, Family Violence Research Program, University of New Hampshire, Durham, 1985.

2. ***Betrayal*** – This refers to what happens when victims discover that someone they trusted or upon whom they depended caused them harm. Sometimes the betrayal is not only that of the abuser, but also of family members who are unwilling or unable to stop the abuse. This type of betrayal can lead to depression, an impaired ability to trust and to judge the trustworthiness of others, as well as to generalized rage and anger (i.e. the victim is angry much of the time, but doesn't know why).

3. ***Stigmatization*** – This refers to the feelings of being marked, shamed, dirty, guilty, or bad that are imprinted on the child's self image as a result of the abuse experience. Negative meanings (i.e. interpretations of what happened) come to the child from:

    - the abuser, through blaming the victim, by conveying a sense of shame through his secrecy and other attitudes, or by denigrating (putting down) the victim ("if you do this with me, what are you?");
    - the victim's own sense of shame; the victim may already believe the activities related to the abuse are immoral and wrong and may feel guilty and ashamed;
    - the reaction of family members, professionals and others and others, especially if they convey disgust for what the victim has done, or blame the victim and confer labels such as "loose morals" or "spoiled goods";
    - keeping the secret over a long time increases the pain and impact;
    - Some of the life-long outcomes of stigmatization include: substance abuse (to dull the pain); feeling low self-esteem ("I am no good"); believing a self-fulfilling prophecy ("If I'm no good, I may as well be bad"); which can lead to criminal activity or to the self-sabotage of success ("If I'm successful I won't be me, because I'm no good"); which may lead to suicide ("Since I am good for nothing, I may as well die").

4. ***Disempowerment*** – means taking away people's power to be themselves and to make a difference in their lives and in the world. Abuse can leave victims seeing themselves as powerless — unable to do anything about anything that matters. This impact attacks the victim's will power, desires, and sense of personal agency. When victims experience their body space repeatedly violated or when they are overpowered by force (as in rape), feelings of powerlessness are established and reinforced deep within them.

    Some of the life-long impacts of disempowerment can include:

    - a life filled with fear and anxiety
    - feelings of always being the helpless victim
    - a belief that life happens to me and I can't do anything to change it (hence, I am not responsible for my choices and action); this could, in extreme cases, lead to a kind of disassociation from morality or the pain of others such as is common in psychopathic criminals
    - nightmares

- sleep problems
- depression
- running away
- self sabotage
- employment problems
- openness to more victimization
- criminal activity
- sexually abusing others

Clearly sexual abuse can have a devastating impact on its victims. It can enter like a poison-spreading worm into the mind and heart of a victim. These are only some of the symptoms that can occur in child victims.[23]

1. ***Physical Symptoms*** – Venereal disease, pregnancy, frequent sore throats, choking or difficulty swallowing, frequent headaches, stomach aches, frequent exaggeration of minor illness, menstruation difficulties, sudden weight loss or weight gain, experiencing the body as numb, wearing many layers of clothes day and night, frequent masturbation, poor posture, unkempt appearance.

2. ***Emotional Symptoms*** – Anger, unprovoked hostility or defiance, helplessness, fear of going home, going to bed, the dark, closed rooms, bathrooms, showers or rooms with only one entrance, physical contact, being left alone (especially with certain people), as well as unprovoked crying, depression, mistrustfulness.

3. ***Social Symptoms*** – Refuses (or begs not to) stay at home with certain people, regression to earlier age behaviour such as bed wetting, baby talk, or thumb sucking, a strong need to know what is happening next, constant "good" behaviour, trying to be perfect, extreme obedience, frequent lies, controlling behaviour, won't accept blame for even minor problems, blames or criticizes others severely, sleep problems, night terrors, has trouble relating to others of the same age, sexual abuse of others, alcohol and drug abuse, suicide attempts, binge eating or refusing to eat, high risk-taking, getting into trouble for no reason, theft, arson, destroying toys or other things, starting fires, cruelty to animals, running away from home.

4. ***School-Related Symptoms*** – Difficulties with school, poor concentration, pretends to be dumb, difficulty in self-expression, super achiever, rapid change in school performance, usually from good to bad.

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23 This list of symptoms is adopted from McEvoy, Maureen (1990), "Let the Healing Begin," Nicola Valley Institute of Technology, Merrit, British Columbia (pg. 11 - 13) and Sgroid, Suzanne (1981).

Summary

Sexual abuse hurts people. It interferes with child development, turning children into angry (or fearful) individuals, and often sets people on a road to self destruction. As well, sexual abuse often leads to alcohol and drug abuse, attempted (and successful) suicide, and depression. It can rob a person of the ability to trust, to be intimate, to love and be loved, and to have a happy marriage and family. And sexual abuse can turn a healthy child into a sexual abuser.

In short, sexual abuse is a serious problem which causes pain, sickness, misery, and death.

Part Four – Patterns of Sexual Abuse in Aboriginal Communities

The Cycle of Abuse

We now know that sexual abuse is often recycled over and over again from abuser to victim, often from one generation to the next. Following are some of the common patterns that occur in cycles of sexual abuse in many aboriginal communities.[24]

1. Child sexual abuse within the family is by far the most common form of sexual abuse in aboriginal communities.

2. Incest is often inter-generational. In other words, a child victim or an adult survivor will often discover that his/her parents or even grandparents were abused *in the same way* when they were children.

3. If one child in a family has been abused, frequently all the children in the nuclear family, as well as the children of uncles and aunts have also been abused. Sexual abuse is a *family system disease*.

4. Much evidence now indicates that abuse entered aboriginal family systems two to three generations back, possibly as a result of residential school experiences.

5. Many abusers were themselves abused.

6. Women who were abused will often marry abusers and the cycle will continue.

7. Unless treated, male victims will often become abusers of their own children and the children of relatives.

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[24] Harper et. al. (1991:14)

8. Unless effective intervention is introduced, sexual abuse can recur, generation after generation, within a single family.

9. Much of the abuse remains secret, and because the secret is never told, the abuse continues.

Phases of Abuse

There is a general pattern regarding how the process of abuse proceeds. This pattern is reported in a wide variety of literature. The phases are: (1) the engagement phase, (2) the sexual interaction phase, (3) the secrecy phase, and, (4) the disclosure phase.

1. ***Engagement Phase*** – In the engagement phase, the victim is (often very slyly) approached, induced and prepared for abuse. This phase requires access and opportunity, which usually means privacy (being alone in a room or isolated place with the victim). Engagement is usually carefully planned and prepared over days, weeks or even months. Most often the abuser of children is a known adult (or older child). Usually the adult has an authority relationship with the child (parent, elder relative, teacher, etc.), and the abuser uses his or her power to obtain the child's compliance to engaging in sexual acts.

   Children are not usually forced into sex. They are most often induced. Some of the ways this is done are:

   - to present the activity as a game
   - to call it something "special" or "fun"
   - misrepresentation of moral standards ("It's all right to do this")
   - use of rewards or bribes
   - playing on a carefully cultivated friendship with the child
   - force or threat of force

2. ***Sexual interaction phase*** – This is the phase of actual contact and physical violation. A wide range of sexually abusive behaviour can occur at this stage. Following is a list showing the range of abusive sexual activity from exhibitionism to intercourse.[25]

   a) Nudity – adult parades nude in front of one or more family members;

   b) Disrobing – adult disrobes when alone with the child (e.g. A father allows his bathrobe to accidentally slip open exposing his genitals to his pre-adolescent daughter. This happens several times a week.);

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25 Source: Sgroid, Blick and Porter, "A Conceptual Framework for Child Sexual Abuse," in Sgroid, Handbook of Clinical Intervention in Child Sexual Abuse, Lexington Books, Toronto, 1981.

c) Genital exposure – adult exposes genitals to a child and directs the child's attention to them; he may ask the child to, "rub it";

d) Observation – adult secretly or openly watches the child undress, bathe, excrete, urinate;

e) Kissing – adult kisses the child in a lingering, sexual way;

f) Fondling – adult fondles the child's breasts, abdomen, genitals, inner thigh or buttocks; the child may fondle the adult on request;

g) Masturbation – adult masturbates while the child observes, the adult observes the child masturbating, or they mutually masturbate each other;

h) Fellatio – mouth to male genital stimulation; adult to child or child to adult;

i) Cunnilingus – oral female genital stimulation; adult to child or child to adult;

j) Digital penetration of the anus – penetration of the anus or rectal opening by a finger (sometimes objects such as a crayon are used);

k) Penile penetration of the vagina – penetration of the vagina by the male abuser's penis (can sometimes involve penetration of a female abuser's vagina by an induced male victim);

l) Dry intercourse – adult male rubs his penis against the child's genital/rectal area.

In the sexual interaction phase, like in the inducement phase, there is often a gradual progression into more extreme sexual activity. The progression may move (over minutes, days or months) through the following activities:

- mutual exposure ("You show me yours and I'll show you mine.")
- masturbation (self, and later mutual masturbation)
- fondling, especially of sexually related parts (first the abuser fondles the child and then gets the child to fondle him or her)
- kissing, generally on the mouth
- penetration, oral, anal, vaginal, usually beginning with digital penetration (finger) or with an object (such as a pencil)
- dry intercourse, sometimes an abuser will rub his penis in the genital-rectal area
- ejaculation, often ejaculation does occur, sometimes into a body opening

The important points to remember here are that: (a) there is a wide range of behaviours that can be (depending on the context) sexually abusive (e.g. nudity is not

necessarily sexual abuse unless it is connected to other parts of the pattern); and, (b) there is usually a progression of behaviour from less to more extreme.

3. ***Secrecy phase*** – In this stage, the primary challenge for the abuser is to keep the abuse secret. There are two primary reasons why this is so. First is the fear of accountability. The abuser knows that if he (or she) is caught the consequences and the shame of exposure will be very great. Second, the ability to continue the abuse depends on secrecy (many abusers are meeting non-sexual needs through the abuse). Children usually do keep the secret for at least some time and often for many years. The reasons for this are often variations on the following:

   - rewards have been offered or given
   - the victim feels special, different or more experienced than his or her peers
   - the pleasurable sexual experience can be reinforcing
   - the threat of reprisal e.g. "If you tell mommy, she will divorce me and I'll go to jail.". These are two heavy threats for a child, fear of family break up and fear of separation from a loved one. The sexually abused child may still love the abuser very much, especially if the abuser is a parent.
   - the abuse gives the child attention and affection he or she is not able to get in other ways because of dysfunctional family relationships.

   Someone or something must interrupt the secrecy phase if disclosure is ever to occur. As long as the abuse remains hidden, it is likely to continue in some way.

4. ***Disclosure phase*** – Disclosure means the secret somehow gets out. Sexual abuse disclosures can happen in a variety of ways.

   - *Accidental* – The secret slips out. Often when this happens the child is not ready to tell and great care is needed to help the child and to not force the disclosure.

   - *On purpose* – The victim tells someone about the abuse. This often happens after the victim receives information about sexual abuse (at school, on TV, etc.). Sometimes victims tell to prevent other siblings from being abused or to get back at the abuser for something.

   - *Discovery* – In this type of disclosure, others (usually adults in the case of child victims) recognize the signs and symptoms of abuse and intervene. This can happen through direct observation of abusive behaviour, injury or signs of trauma (as outlined in a previous section) to the victim, or by reading the subtle patterns of that family's life and taking an educated guess. In these cases, the victim is gradually aided to disclose the abuse.

   - *Recovery* – A fourth way that disclosure happens occurs when survivors of sexual abuse enter into a healing process and are able to feel safe enough to disclose the

long-held secret. Sometimes healing processes allow victims to remember incidences of childhood abuse that had been repressed (i.e. forgotten in order to avoid pain). There is no legal limit regarding when an act of child sexual abuse can be reported and prosecuted. Some cases have put abusers in jail after over thirty years of secrecy.

Other Reasons for Cover Ups and Denial of Sexual Abuse in Aboriginal Communities

In addition to the reasons already stated above for why sexual abuse is so often covered up or denied in many aboriginal communities (having to do with the family-system-based patterns of secret keeping, denial, looking the other way, protecting the abusers and the family name, etc.), several other reasons within the community system also impact the healing process.

1. ***Ignorance*** – As with alcohol a few years ago, the extent and seriousness of sexual abuse is still not generally known in many communities. General knowledge is also quite low in many communities about the impact of abuse on victims, the patterns of the abuse cycle, how much abuse there really is, and how healing can occur.

2. ***The legal-cultural impasse*** – As discussed in an earlier section, the legal requirement to report *all* abuse and to prosecute all abusers conflicts with the cultural inclination to treat sexual abuse as a sickness for which healing, and not punishment, is needed.

3. ***The Christian forgiveness teaching*** – Some people believe that Christ's teachings about forgiveness call for victims to "forgive and forget." This view is not really in contradiction with the disclosure and healing processes, but it seems so to some, especially in the oppositional framework sometimes created by the legal system.

4. ***Power alliances and mutual protectionism*** – Another very serious obstacle in some communities comes from political or cultural opinion leaders, many of whom may have been (or still are) abusers themselves, or may be protecting their own family members. This pattern of using community power mechanisms to block or undermine healing processes is common and can be difficult to deal with.

Part Five – Abuse in the Non-Native Community

It is important to stand back from the issue of sexual abuse in aboriginal communities, in order to protect yourself from self-defeating misconceptions. Sexual abuse is not a phenomenon of the Native community. It is a phenomenon of the human family. It happens in all communities, to all kinds of families of all races and cultures, of all ethnic and religious backgrounds.

In Canada, across all populations, the following abuse rates have been recorded: (We do know that a great deal of sexual abuse that has occurred has never been reported.). (Hanson and Bussiere; 1996).[26]

- the Badgley Report (1984) concluded that approximately 50% of women and 30% of men in Canada have experienced some kind of sexual abuse/assault (broadly defined as ranging from sexually aggressive looks and talk to incest and rape). (Badgley 1984: p 129 and 133)[27]

- one in six women have been incestuously abused before the age of eighteen (D. Russell, The Secret Trauma, 1986)

- the number of cases reported in Canada in the five years before 1988 increased (depending on locality) from five hundred to twelve hundred percent (Rix Rogers, An Overview of Issues and Concerns Related to the Sexual Abuse of Children, 1988)

- girls (across Canada) have a one in four chance of being abused before the age of eighteen (McEvoy, 1990)

- boys have a one in six chance of being abused before the age of eighteen (McEvoy, 1990)

The recent disclosure (in December, 1996) of sexual abuse by Sheldon Kennedy, an NHL hockey player who was abused by his junior hockey coach, was followed by a wave of similar disclosures by players and former players across Canada. The Globe and Mail (March 5, 1997, pp. A1 and A5) also reported the unrelated stories of two different men who were abandoned by their wives when the men disclosed that they had been sexually abused as children. The reasons given by the wives was that if the men had been abused, they were "likely to become abusers" and were therefore a danger to their own children. We recount these incidences simply to illustrate that sexual abuse is by no means an "aboriginal" problem. Sexual abuse is widespread in the dominant society, and it hurts everyone it touches.

Summary

While very old stories and teachings warn against sexual abuse (see Chapter One) we know that in many cases the current pattern of sexual abuse was introduced into aboriginal family and community systems by the non-aboriginal staff of residential

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26 Manson, Karl R. and Monique T. Bussiere (1996), Predictors of Sexual Offences Recidivism: A Meta Analysis. Solicitor General of Canada (1996-04). Published by Public Works and Government Services Canada. Cat. No. JS4-1/1996-4E.

27 Badgley, Robin F. (1984), Sexual Offenses Against Children and Youth. Minister of Supply and Services Canada. Published by Canadian Government Publishing centre Supply and Services, Canada Cat. No. J2-S0/1984E.

schools. As illustrated by the Sheldon Kennedy story, sexual abuse is everybody's problem, and not at all something unique to the aboriginal community.

What may be unique is the Native community's capacity to see sexual abuse as an imbalance in need of healing, rather than simply as a crime to be punished. Some communities have adopted the word victimizer to refer to abusers in an attempt to communicate the idea that abusers were themselves victimized, and are actually calling out for healing when they make someone else a victim.

This chapter has described the faces of abuse, how it starts, how it proceeds, what it looks like (i.e. the signs and symptoms), and what it does to its victims. The picture is not pretty. Indeed, it is very difficult to actually look at it and think about it, and yet that is what we must do. If we really want to address sexual abuse in our communities, we have to understand what it is, how it operates, and what it does to people. Only when we can really look at and understand it for what it is can we even hope to devise effective strategies and processes for helping people and communities to heal.

RESOURCES

FOR

CHAPTER TWO

Excerpted from:

LET THE HEALING BEGIN
Breaking the Cycle of Child Sexual Abuse in Our Communities

Maureen McEvoy
Nicola Valley Institute of Technology
1990
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CHAPTER ONE: The Problem of Sexual Abuse

Signs & Symptoms of Sexual Abuse

Physical

- evidence of any infection due to sexual contact, such as venereal disease (VD)
- injury to breasts, buttocks, lower abdomen, or thighs
- injury to genital or rectal area: bleeding, bruises, hickeys, discharges, vaginal or bladder infections
- difficulty with bladder and/or bowel control, pain in urinating
- frequent sore throat, difficulty swallowing, frequent choking sensation
- frequent complaints headaches, stomachaches, frequent exaggeration of minor illnesses
- pregnancy

Go easy on yourself as you read the list and think of the children you know, or have known.

- difficulty with menstruation or delayed start of menstruation
- sudden weight gain or extreme weight loss
- too much or too little personal cleanliness
- frequent cuts, cigarette burns, picked sores, slash marks
- rocking all the time
- refers to body as numb and hollow
- defensive body language, covering up or hiding self, tries to be invisible
- wearing layers of clothing day and night, crumpled clothes at school
- clothing that either reveals too much or conceals the body

Sexual abuse is so traumatic that distress signals will escape even from someone who cannot remember the abuse. Children depend on adults to read and understand these signals.

Emotional

- anger, unprovoked hostility or defiance
- extremely anxious
- helplessness
- fear of going home after school
- fear of going to bed, and of the dark
- fear of closed doors, bathrooms, showers, and rooms with only one exit
- isolation, shame guilt
- fear of physical contact, especially in genital area
- fear of being left alone with certain people

- crying, depression, and listlessness
- confusion and betrayal

Let The Healing Begin

Sexual abuse is often overlooked because victims react so strongly to it. One victim may be very misbehaved. Another may be extremely well-behaved. The first is considered simply a nuisance, and the second, a "perfect child."

Sexual Behaviour

- unusual interest in genitals or in genitals of others
- very frequent masturbation
- frequent use of sexual language
- drawings that are too sexual and too old for the child's age and stage of growth
- drawings which show the genitals through clothing; unusual statements that make sense only in a sexual context such as: "He has strange underwear." "Daddy's trying to poison me." "I don't like to play that tongue game." "My brother wouldn't let me sleep last night."; attempting sexual behaviour with other children, especially with younger children — often done in an aggressive and controlling way.
- putting objects into vagina or rectum
- being very modest, wanting privacy, fear of undressing for gym
- confuses normal behaviour and affection with sexual advances
- having sex with many different people *(promiscuity)*
- having sex for money *(prostitution)*

Social Behaviour

- confused about role in the family
- refuses or begs not to stay home with parent, babysitter, uncle, etc.
- childlike behaviour: bedwetting, baby talk, withdrawal with teddy bear, thumbsucking, toileting problems
- very strong need to know what is going to happen next; wanting to know everything that is happening
- constant good behaviour: trying to be perfect in appearance and behaviour; very obedient
- frequent lies; others are continually telling the child that they don't believe her/him
- controlling behaviour
- won't accept blame for even minor problems; often blames and criticizes others severely
- withdrawn or hyperactive

Victims of sexual abuse live out their pain in different ways as they grow older. A youngster might mistreat animals or destroy toys. Later, the child may become very critical and controlling of others.

- tiredness and fatigue, frequent sleepless nights, panicking and flinching when covered up at night
- night terrors, frequent nightmares, bedwetting, sleeplessness, or sleepwalking; refuses to say please or thank you
- appears very old for his or her age
- emotionally awkward: the child reacts in the wrong way to certain situations (laughing during a sad event, for example), lots of pocket money, bribes
- has trouble relating to others of the same age; the child is a loner, a passive people-pleaser, or an aggressive fighter

Self-Abusive Behaviour

- drug and alcohol abuse
- suicide attempts
- refuses to eat or overeats
- sets her/himself up for punishment, gets in trouble for no apparent reason
- takes very high risks theft, arson
- destroys toys
- is cruel to animals
- tries to hurt his or her own body (cutting, slashing, or tattoos, for example)
- runs away from home

School Behaviour

- difficulties with school: poor concentration and understanding, daydreaming
- easily distracted
- patterns of absence from school, without regard to the child's school performance, especially with the parent's consent
- frequent reference to secrets or sexual things in schoolwork and conversation
- pretends to be dumb or incapable
- difficulty in expressing opinions
- super achiever or model student

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MYTHS AND FACTS ABOUT INCEST (excerpts)

Myth: Children are usually molested by strangers.

Fact: 75-80% of children are molested by someone they know, i.e. family members, relatives and/or close friends (Aegis Magazine, Sept/Oct 1978, Barbara Meyers). Indeed, the people likely to molest children are those who have the most opportunity and access to them.

Myth: Incest is a rare occurrence.

Fact: Documented estimates of incest vary from 1 in 23, to 1 in 17, to 1 in 10 children are victims of incest.

Myth: Only young girls are victims of incest.

Fact: Young boys and girls are equally vulnerable to sexual exploitation. Though reported cases indicate a higher percentage of girls this may be attributed to the idea that males are expected to take care of themselves and as a result often do not deal with the problem by talking about it.

Myth: The child will always feel negatively toward the offender.

Fact: The child may have ambivalent feelings toward the offender. S/he may have enjoyed the extra attention and the physical contact. At the same time s/he may be confused and resentful. S/he is also likely to pick up from the offender that the act is wrong. His demands for secrecy and his threats combine to make her aware that the incestuous relationship is wrong. It is important to be aware of the many different feelings the victim may experience.

Myth: The offending male is either psychotic or retarded.

Fact: Men who offend are uncomfortably familiar. There are no findings, which substantiate a belief that they are mentally retarded.

Myth: It is only homosexuals who abuse children of their own sex.

Fact: Adult male - child male abuse is either perpetrated by pedophiles or heterosexual men. (A. Nicholas Groth/H. Jean Birnbaum/David G. Newton).

Myth: Incest is a problem of the family only.

Fact: 50% of runaway girls and boys, 70% of adolescent drug addicts, and 60% of young prostitutes are victims of sexual abuse. The social price paid is now beginning to surface.

Myth: It is better not to talk about incest — the child will forget.

Fact: Adults often do not talk about incest because of their own discomfort with the topic. If you are not willing to talk about the situation, the person will probably feel that you think it is something to be ashamed about, that it is dirty and just too awful to talk about. This attitude will only serve to increase guilt, shame and feelings of abnormality.

Myth: If the child has not been coerced, it is not incest.

Fact: Incest takes many forms, from violent rape including penetration, to seduction which does not necessarily include any physical contact (i.e. suggestive talk, watching a daughter or sister undress, commenting on her body, leering looks) all of which are harmful and can result in a child being controlled.

Myth: Incest is usually non-violent. Force is rarely used.

Fact: Although seduction is often the only technique needed to involve a child because of the vulnerability of children, force is still very often used.

Myth: The effects of incest are minimal, especially when the "sex play" has been "age appropriate" and "gently" introduced. If there has been no physical damage, there is no harm done.

Fact: Incest is an attack, an invasion of physical, emotional and psychic boundaries. We hear repeatedly that incest victims were not harmed. Even the "mildest" forms of incest can have long lasting effects such as confusion of self, inability to relate to others or form close friendships, self hatred, internal disorders, personality dissociation (splitting of the personality) or tendency toward addictions. This Myth is used to excuse incest.

Myth: If the child had pleasurable feelings, the incest wasn't harmful.

Fact: A child or teenager may feel sexually excited as an automatic, uncontrollable response to being sexually manipulated. This is often one of the most confusing and damaging aspects of incest, as it can lead to extreme confusion and guilt, feelings of complicity, and a difficulty in later being able to separate sexual experiences with others from the original attack. Pleasurable feelings become a horror of feeling a lack of control and a sense of body betrayal.

Myth: The younger the victim, the less traumatic the incest.

Fact: This comes from the erroneous view that what a child does not understand or may not remember won't hurt her. Incest is traumatic at any age. To be raped at such an early age (the average age of onslaught is four years old), is to have one's childhood ripped away. Women sometimes remember back to infancy, and describing feelings of pain and humiliation vividly.

Myth: If a victim defends the attacker of the incest, this is proof of her complicity or willingness to take part.

Fact: A victim may defend the incest out of a natural tendency to defend her own family or her own actions.

Myth: Brother/sister incest is normal, harmless sexual curiosity, unless there is a wide (four to five years) age span.

Fact: Brother/sister incest happens recurrently in Canada and is far from harmless. To say that it is normal and harmless is to ignore the number of sisters who are being forcibly raped by brothers, and often brothers' friends. Rarely is it consensual, and even consensual incest among siblings can be a result of seduction. Because of the more powerful position held by males in this society, brothers even close to the same age as their sisters have been able to force sex. The problem lies in what boys are learning from men. Sex is pushed as manly, and for many young men, sisters are the most accessible, as they try to prove themselves to other men through sexual exploits.

Myth: Incest is caused by stress, poor family relations, or sexual dysfunction within the marriage.

Fact: None of these reasons need result in incest, and many women are not withholding sex. Some have lost interest in sex, for valid reasons. There is a tendency to excuse men who are raping, to examine their needs and to find ways to meet these needs. Needs are used as excuses. Wives are examined for why they do not want to be sexual, while men are rarely questioned about why they need sex to the degree they do, or in the ways they do. Little emphasis is put on the problem of what training men receive socially, in relating sexually (and non-sexually) to adult women.

Myth: Court is more harmful than the incest itself.

Fact: This is an attempt to avoid what may well be disastrous court procedures by warning (or threatening) us with the idea that it is better not to lay charges. Incest is usually more harmful than the court procedures, and there is little hope for attackers changing without some kind of

intervention. The problem of double revictimization will not be solved until court attitudes change.

Myth: Family meetings are a successful method of resolving problems.

Fact: Family meetings can be an important part of the healing process, but not when the attacker is included. Including the attacker, especially at the beginning before the rest of the family is ready, places the victim(s) in a dangerous position both physically and mentally. Victims' stories may be retracted under the pressure of premature confrontation, and feelings of guilt from disclosure can cause victims to give more power to the attacker, rather than less. Including the attacker in family meetings, before the other members are strong, can cause the attacker to believe that he can get away with the incest and gives him a chance to form alliances with defensive family members, who may not want to believe that the incest happened. Above all, family meetings that include the attacker bind the mother and victim(s) to him, preventing any chance to make independent decisions about the route they want to take.

Myth: Incest is a secret kept within the family, by the structural pattern of the family.

Fact: This leads to the theory that everyone colludes and has a vested interest in the incest continuing. Usually the attacker and the victim are the only ones who know, and sometimes the victim's life is threatened to keep her quiet. Victims may also block out the memory of a rape without realising it, in order to survive.

Myth: The daughter takes part in the incest out of hatred for her mother.

Fact: Daughters are either forced or seduced into incest, and will sometimes blame their mothers for not protecting them, believing that their mother's power and options are equal to their father's. Certainly there may be a competitive dynamic set up through the incest between mother and daughter. The harm done to the mother-daughter relationship is usually underestimated and often misinterpreted. Mother-daughter battles are often set up in clever ways by fathers intent on winning their daughters' favour.

Myth: Sisters become jealous of the special relationship between another sister and their father.

Fact: Despite the occasional jealously over unfair division of attention, and treats that have no explanation, most sisters describe feelings of horror and protectiveness, not jealousy, toward sisters who they know are being raped.

CHAPTER THREE

MOVING BEYOND ABUSE: THE COMMUNITY WELLNESS APPROACH

Introduction

The first two chapters of this manual provided some background information about sexual abuse in First Nations communities. The traditional teachings which helped to keep First Nations communities healthy and balanced were very briefly examined, as was the historical context which disrupted the natural development of these societies. The difference between normal sexuality and sexual abuse was discussed. The reason why sexual abuse is so harmful to individuals, families and communities was also explored.

This Chapter argues that adequately dealing with sexual abuse requires a "wellness approach." A wellness approach helps people to move toward health and balance in all aspects of their personal, family, and community life. In order to truly move toward wellness, people have to give up those dysfunctional patterns of thinking and behaving which hurt themselves and those around them.

A wellness approach does not mean that we should not address the problem of sexual abuse directly. It is still necessary to make sure that people are confronted with their abusive behavior and that victims and potential victims receive the protection and healing they require. A wellness approach simply means that these types of interventions have to occur along with activities which help people understand and move toward their true potential as healthy, loving human beings. In this way, the vicious cycle of sexual abuse can be broken.

Part One of this Chapter argues that sexual abuse does not occur in isolation. Rather, it arises as part of a larger pattern of life which includes other types of individual, family and community dysfunction. A wellness approach addresses this larger pattern of life, rather than simply focusing on one aspect.

One of the first steps in developing a wellness approach to sexual abuse in First Nations communities is to create a vision of what wellness is. How can individuals, families and communities really begin a journey toward wellness if they do not understand what it means to be healthy and balanced? Part Two of this chapter offers a very brief description of individual, family and community wellness. It uses the circle, or medicine wheel to explore the different dimensions of wellness on these three levels. Part Three discusses the importance of wellness or health indicators and provides two examples of individual, family and community indicators. The resource pages for this chapter provide additional examples of wellness indicators.

Part One – Addressing Sexual Abuse as Part of a Total Human and Community Wellness Framework

Sexual Abuse as Part of a Larger Pattern of Life

First Nations societies have long taught that the many dimensions of individual, family and community life are inseparably linked, and that the health and well-being of any one aspect depends on the health and well-being of all the others. This teaching makes it clear that sexual abuse does not occur in isolation. Just as a fever in the human body is a sign that the body is sick and is trying to purge itself of impurities, so the presence of sexual abuse is a sure indication that something is terribly wrong in the spiritual, cultural, social and economic life of the entire community and its families, as well as in the mental, emotional, physical and spiritual life of its members.

Sexual abuse is part of a whole pattern of life which includes many other factors. Some of these include:

- substance abuse and other types of addiction
- the loss of language and culture
- abusive, dysfunctional, or inconsistent relationships within the family and community
- the breakdown in a family and community of positive, life-enhancing values and life styles
- the absence in individuals, families or communities of a vision of a positive future
- the lack of meaningful occupations or roles for community members
- a confused sense of personal and/or cultural identity
- low self-esteem and feelings of self-worth
- a prevailing climate of prejudice, discrimination or oppression of any kind
- unresolved grief and other types of strong feelings due to traumatic experiences
- alienation from the basic institutions of society which safe guard individuals and promote the common good

When we talk about these types of factors being part of a larger pattern which includes sexual abuse, we are not talking about simple cause-and-effect relationships. Rather, we are talking about a complex set of interrelationships which result in "dis-ease" and imbalance in the life of individuals, families, and communities.

Sexual abuse can be compared to a tree, with its roots being some of the factors listed above, like the loss of cultural and personal identity, low self-esteem and feelings of self-worth, and unresolved traumatic experiences. The lack of consistent, supportive and loving relationships and the absence of positive life-enhancing values is like the soil in which the tree grows. A tree is an organic system. If the whole system is diseased, you can't just treat one of the roots and expect the rest of the tree to be healthy. You must treat the whole tree, as well as the soil within which it is growing.

A Wellness (or Health Promotion) Approach to Sexual Abuse

Trying to deal with sexual abuse in isolation from the larger pattern of life of which it is a part is like trying to deal with sickness simply by treating the symptoms and not the underlying causes. We may treat one symptom, but the disease will simply show up again in another way. Balance and health must be restored to the whole system in order for the disease to truly be healing.

This means restoring balance in the mental, emotional, physical and spiritual life of the individuals in any way affected by sexual abuse and creating families and communities which are politically, economically, socially and culturally healthy. It also requires the articulation of a clear vision of personal, family and community health as well as engaging the involvement of people in the process of their own healing and development.

Any one of the factors which are part of the pattern of life which includes sexual abuse can serve as a doorway or entry point into the healing process. In order for the healing process to be complete, however, all the other factors will need to be brought into the circle. For example, unless individuals, families and the community as a whole commit themselves to positive, life-enhancing values, there will be nothing to hold them to a positive path when problems arise. There will be no safeguard to prevent people from making harmful choices to deal with their fear or pain. Unless the leaders of a community become positive role models and commit themselves to ending abuse, it will be difficult for the community to make any real headway on its healing journey.

The Difference between a Sickness and a Wellness Approach

A "sickness" approach to a problem like sexual abuse focuses on the problem and what can be done to treat it or to eliminate it. A wellness approach, on the other hand, works to create conditions of health and well-being in the whole system so that the problem is much less likely to occur in the first place, and so that any instances of the problem can be dealt with in a way that restores health and balance as effectively as possible. A sickness approach tends to focus on what is wrong, whereas a wellness approach focuses on building what is needed in order for things to be right.

A wellness approach recognizes that it is still important to treat the people who are in any way being harmed by sexual abuse. It does not deny the importance of dealing with the trauma that a devastating social problem like this produces. It just recognizes that sexual abuse cannot effectively be treated in isolation from the other factors which are part of the whole pattern of imbalance in individuals, families and communities. It recognizes that unless the conditions which produce health and well-being can be created, problems like sexual abuse will keep on occurring. It recognizes that sexual abuse will have no place in a community of healthy individuals and healthy families.

Communities which have an inter-generational history of abuse often have a hard time visualizing what a healthy individual, family, or community would be like. Without such a vision, however, it is almost impossible for them to begin a journey toward wellness.

That is why one of the most important steps in developing a wellness approach to dealing with sexual abuse is to articulate a clear vision of what health and balance is for all aspects of our lives. Helping individuals, families, and communities to gain a clear vision of their potential is an essential part of developing an integrated and balance approach to sexual abuse intervention, treatment and prevention.

Part Two of this Chapter presents one way to describe individual, family, and community wellness using the circle or the medicine wheel. Part Three explains why wellness indicators are important and offers two examples of how they have been described. The resource pages at the end of the Chapter contain some additional examples of descriptions of the characteristics of a healthy family, community or individual.

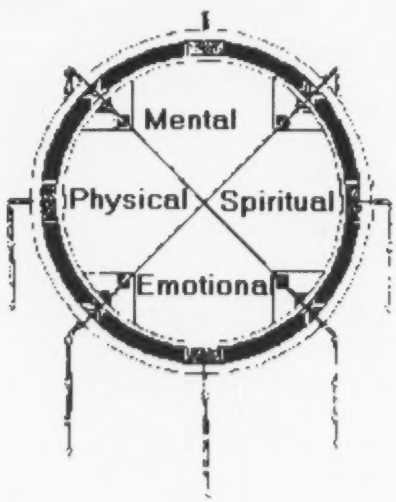
Part Two – What is Wellness?

When individuals, families, and communities are able to function in all dimensions of life to the peak of their potential, they may be said to have attained optimum well-being or health.

A. Individual Wellness

1. What is a healthy human being?

Individuals have potential (i.e. the capacity to grow and develop) in the four aspects of their nature: mental, emotional, physical, and spiritual. Each of these aspects is related to all the others. These four aspects and their interrelationship can be pictured in a circle, or medicine wheel, as follows:



Wellness requires a balanced development in all four aspects of human nature.

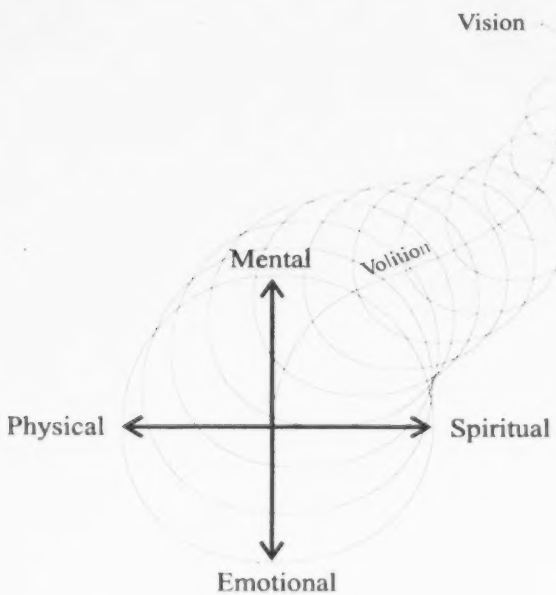
2. How do human beings grow and change?

Individuals grow and develop their potential when:

- they have a clear vision of wellness toward which they can move;
- they use their will power to guide their thoughts, aspirations and actions toward that vision.

These two forces can be pictured on the medicine wheel of the individual as follows:

Wellness requires the active involvement of the individual in a journey toward a positive vision of the future.



B. Family Wellness

1. What is a healthy family?

The well-being of individuals is linked to the health of the families and communities in which they live. On the individual level, we can use the words mental, emotional, physical, and spiritual to describe the dimensions of family life:

- The mental dimension refers to the way that the family thinks and that decisions are made in the family, as well as the arrangement of power between family members;
- The emotional dimension has to do with how family members relate to each other (e.g. how loving and supportive the family environment is);

- The physical dimension has to do with how the basic physical needs of the family are met and the type of physical environment in which they live (including security issues);
- The spiritual dimension involves the spiritual orientation of the family and what the family values and believes.

These four dimensions are, of course, interrelated. Family and community wellness requires a balanced development in all four of these aspects.

The four aspects of family wellness can be pictured on a circle or medicine wheel, as follows:

Mental

Physical ***Spiritual***

Emotional

2. What do families need in order to move toward wellness?

In order to grow and move toward a balanced development of their potential in all four of their dimensions, families need:

- a clear vision of what health and balance is;
- the participation of all their members in working to achieve that vision.

C. Community Wellness

1. What is a healthy community?

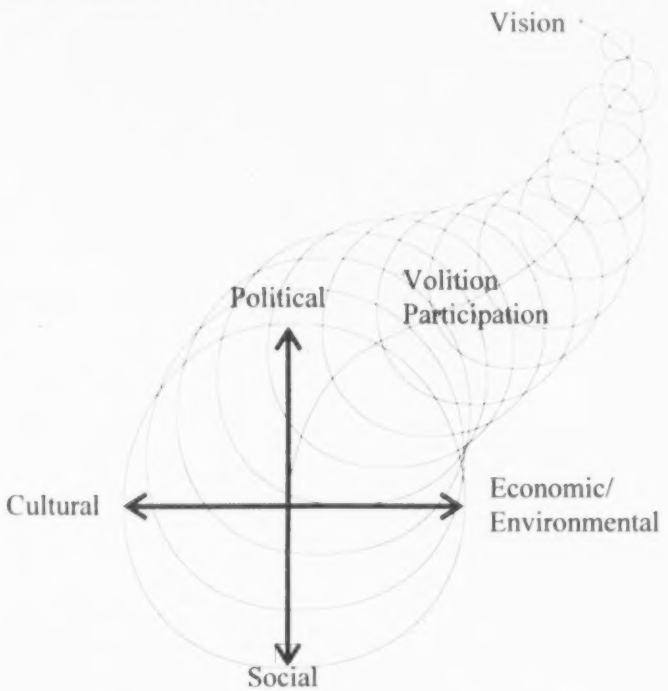
The well-being of individuals and families is linked to the health of the communities within which they live. Like individuals and families, communities are multi-dimensional. They have political, economic, social and cultural dimensions. Community wellness requires a balanced development in all four of these aspects. These four dimensions, and the interrelationship between them, can be pictured in a circle, or medicine wheel, as follows:

What does a community need in order to move toward wellness?

In order to grow and move toward a balanced development of its potential in all four of these dimensions, a community needs:

- a clear vision of what health and balance is;
- the participation of all its members in working to achieve that vision.

These forces for growth and development can be pictured as moving the circle of the community toward wellness as follows:



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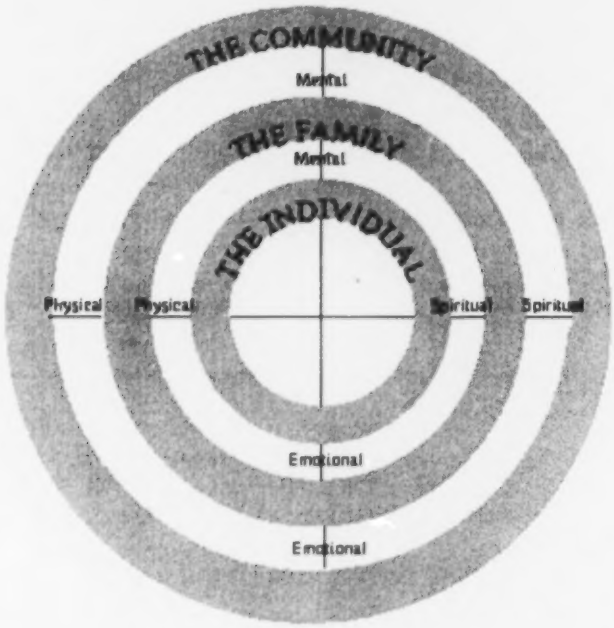
D. The larger context within which communities develop

Families and communities live in a larger environment which also has political, economic, social and cultural dimensions. They are affected by (and can, in turn, help determine) the health of the greater community (e.g. tribe, city, region, province, country, world) around them. This interconnectedness n be pictured as follows:



<u>Part Three</u> – Indicators of Individual, Family and Community Health

In order to be able to create a different condition than the one in which they find themselves now, people need a clear vision of where they want to go. A clear vision of health for individuals, families, or communities needs to describe what a healthy life would be like. It should outline the signs or indicators or that a person, a family, or a community is actually moving toward health.

A vision of health which includes a statement of the indicators of health can be used in several ways.

- It can serve as a measuring stick to assess the present health of a particular person, family or community.
- It can serve as a point of unity for community action.
- It can also serve as a guide to health promotion planning since these indicators are the results which should be achieved if the plan is successful in building healthier individuals, families, and communities.

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- It can serve as a focal point for gathering and coordinating resources for an integrated program.
- It can serve as an assessment tool to measure progress toward the goal of greater wellness.

Sample Indicators of Wellness

There are many ways that indicators of health, or wellness, can be expressed. Two of them are presented below by way of example. Others are included in the resource pages at the end of this chapter.

1. Provincial Government Studies on the Determinants of Health

The health promotion field in Canada has recently produced a number of studies and reports which discuss what is being called the "determinants of health." Determinants of health are those factors which must be present for people and their families and communities to be healthy. A summary of studies from the British Columbia, Saskatchewan and Ontario Ministries of Health[28] conclude that the following five factors are intimately linked to how healthy a given population is:

Income: The income level of the people in a community as well as how fairly that income is distributed within the population affect people's life expectancy as well as how many years of life they will enjoy good health.

Employment and working conditions: A healthy working environment is one in which workers feel a sense of control over their work and working conditions, in which stress and time pressures are manageable and in which workers receive social support from their employers and colleagues.

Social support systems: When people have strong social support systems through family, friends, colleagues and neighbors as well as through adequate social services, they will be better able to meet their basic needs and to cope with times of need and distress.

Education: Higher education levels help people to be healthier for many reasons (for example, it can increase access to information and services, result in greater job satisfaction and income security, and increase skills for individual and collective problem solving).

Healthy beginnings: Such factors as a nurturing family environment, having your basic needs adequately met, positive adult mentors, and appropriate educational opportunities support the development of competent, healthy adults.

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28 A little more information about the link between each of these determinants and health as well as a brief bibliography can be found in the resource pages for this module.

Northern Saskatchewan Study

In 1992, three aboriginal communities in northern Saskatchewan participated in an intensive evaluation of their mobile treatment program. As part of this process, they were asked to respond to the following questions:

- What would it be like if your community and the people in it were really healthy?
- What is a mentally, emotionally, physically and spiritually healthy person like?
- What would a family be like if it were healthy in the mental, emotional, spiritual and physical aspects of life. What would a politically, economically, culturally and socially healthy community be like?

The in-depth consultation in these communities produced the list of the individual, family and community health indicators presented on the next page.

Individual Wellness

- is involved in personal growth
- has done some healing for past hurts
- absence of alcohol and drug abuse
- has positive life goals
- belief in oneself and in a positive future
- able to forgive
- loves and respects others
- is physically fit
- has useful work to do
- serves the community as a volunteer and is a good neighbor
- lives a strong spiritual and moral life
- feels loved and valued by family and community
- is able to speak out on issues of concern

Family Wellness

- unified
- a safe place for all family members
- loving, caring, nurturing environment
- free from all types of abuse
- an example of sharing love and working together
- family supports the physical, mental, emotional and spiritual development of all its members
- accepts the shortcomings of its members
- is oriented to serving others
- is able to resolve conflicts without violent or emotional abuse
- shares a common spirituality
- is not afraid to ask for help
- treats each other with respect
- all members have responsibilities
- communication is open, positive and free flowing, and deals with feelings

Community Wellness

- unified
- a shared commitment to supporting healing and personal growth as well as to a better future for the community
- community ownership of issues and problems
- a community action plan to address important issues which is actually being carried out by grassroots people with the support and assistance of agency staff
- active volunteerism
- everyone's voice is heard (political participation)
- full employment
- is developing its own economic base
- greatly reduced welfare dependency
- people taking pride in the community
- gossip is diminished
- a community life that integrates religious diversity
- lots of cultural activities
- greatly reduced incidences of all types of abuse
- a climate that welcomes open discussion and debate
- elders involved in sharing traditional values and in giving advice
- lots of trust and cooperation between organizations, families, leaders and institutions
- recreational opportunities for all
- the needs of all people (children, youth, adults and elders) are addressed through stable long-term programming
- people treat each other with respect and courtesy
- pride in cultural heritage and identity
- able to manage conflict constructively

Other examples of health indicators are included in the resource pages for this chapter.

Wellness Requires a Health Promotion rather than a Service Delivery Approach

When we look at the indicators of health (such as a strong community social support system, a family which is oriented to serving others, or an individual who has learned to forgive) we can see that these are conditions which people have to develop for themselves. They are not conditions which someone else from the outside can develop for them or which an agency can deliver to them. The creation of healthy families, individuals, and communities is a developmental process. As such it requires people working together to define a common vision, to find creative solutions to the problems they face, and to take action on their own behalf. In other words, a wellness approach requires a health promotion rather than a service delivery approach.

A health promotion approach does not mean that community organizations and helpers do not have an important role to play. Their role in a health promotion approach is just very different than what their role would be in a service delivery approach. In a health promotion approach individuals, families and communities must create for themselves the conditions which lead to health and well-being. The task of community helpers is to help build the capacity of individuals, families, community organizations, and the community as a whole to address the determinants or indicators of health.

There are many capacities that a community needs in order to implement a health promotion approach. Some of those that have been identified are:

- **participation** – the capacity to involve the whole community in the process of identifying needs and designing and implementing solutions
- **shared vision** – the capacity to articulate a clear vision of a positive and achievable future based on life-preserving, life-enhancing values, and principles
- **a sense of community** – a sense of common unity is a prerequisite for any sustained action toward the creation of a positive future
- **resources** – the capacity to identify and mobilize resources in the service of a common vision for health
- **management** – the capacity to plan, coordinate, and sustain organized activities, as well as to effectively utilize human, financial, and other resources, in ways that are consistent with health development principles and that lead to positive health outcomes
- **leadership** – health promotion efforts need healthy, consistent and facilitative leadership in order to be successful
- **accountability** – the capacity to reflect critically on our action and to make adjustments in order to stay faithful to principles and to achieve the desired results
- **learning** – learning opportunities which respond to the question, "Who needs to learn what in order to achieve our goals?" [29]

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29 This list is derived from the collaborative work of Michael Bopp, Ron Labonte and the David Thompson Regional Health Authority (in Alberta, Canada) in developing a framework for evaluating health promotion work.

The Role of a Sexual Abuse Intervention and Prevention Program in a Wellness Approach

This topic is dealt with in much more detail in Chapter Seven, "Involving the Community". It provides some concrete suggestions for how a community sexual abuse intervention team can work together with other community agencies to assist individuals, families and the community to develop and implement wellness plans.

The Cultural and Spiritual Foundations of Wellness

A wellness or health promotion approach to critical social problems like sexual abuse is consistent with the spiritual and cultural foundations of First Nations people. One way to express some of the principles or teachings which are prevalent in First Nations communities and which are central to a health promotion approach is as follows:

What is a Healthy Family?

What does a healthy family mean to you? Often we search for this meaning in the current T.V. programs or movies. Either we settle on some ideal that is so unrealistic that we don't think that it is possible or totally give up thinking that there is anything positive in our lives. Being healthy doesn't mean that this is some family that doesn't have problems and everyone is forever happy. Being healthy is having normal problems and facing these problems with honesty and respect and open communication.

1. Problems are talked about and solutions found.
2. Everyone is free to express their thoughts, feelings, opinions, wants, and dreams.
3. Each person's value is equally respected.
4. Communication is honest and direct.
5. Family members can get their needs met.
6. Family members are free to be different.
7. Parents set a good example as positive role models.
8. Roles in the family are chosen and can change over time.
9. Family members have fun with each other.
10. Rules are clear, simple and consistently enforced.
11. People's rights to privacy and safety are respected.
12. Mistakes are forgiven, and people are encouraged to learn from them.
13. The family is set up to meet the needs of its members.
14. Parents are in touch with their past and dealing with it in an honest way.

A Return to Wholeness by "Cookie" Elizabeth Rose, Fairbanks Native Association, Fairbanks, Alaska, Mar. 1995.

Traits of a Healthy Family

- Communicates and listens.
- Affirms and supports one another.
- Teaches respect for others.
- Develops a sense of trust.
- Has a sense of play and humor.
- Exhibits a sense of family in which rituals and traditions abound.
- Has a balance of interaction among members.
- Has a shared religious core.
- Respects the privacy of one another.
- Values service to others.
- Fosters family table time and conversation.
- Shares leisure time.
- Admits to and seeks help with problems.

This description is excerpted from **Traits of a Healthy Family**, by Dolores Curran and published by Random House, Inc., New York, NY, 1983.

Resources

For

Chapter Three

The Four Worlds Exchange
Volume One, Number Four
March 1990

FAMILY WELLNESS

These descriptions are excerpted from "Wellness for Helping Professionals", By John W. Travis and Meryn G. Callander and published by Wellness Associates Publications, Box 5433-P, Mill Valley,California 94942, 1990.

Dysfunctional Family "Rules"

Adapted from J. Bradshaw, *Healing the Shame that Binds You*

- *Control* – One must be in control of all interactions, feelings, and personal behavior at all times. Control is the major defense strategy for shame.

- *Perfectionism* – Always be right in everything you do. The perfectionist rule always involves a measurement that is being imposed. Fear and avoidance of the negative is the organizing principle of life. Members live according to an externalized image. No one ever measures up.

- *Blame* – Whenever things don't turn out as planned, blame yourself or others. Blame is a defensive cover-up for shame. Blame maintains the balance in a dysfunctional family when control has broken down.

- *Denial of the Five Freedoms** – Each freedom has to do with a basic human power — the power to perceive; the power to think and interpret, to feel, to want, and to choose; and the power to imagine. In shame-based families, the perfectionist rule prohibits full expression of these powers.

- *The No-Talk Rule* – This prohibits the expression of a feeling, need, or want. In shame-based families, members want to hide their true feelings, needs, or wants, therefore, no one speaks of the loneliness and sense of self-rupture.

- *Don't Make Mistakes* – Mistakes reveal the flawed vulnerable self. To acknowledge a mistake is to open oneself to scrutiny. Cover up your own mistakes and if someone else makes a mistake, shame him.

- *Unreliability* – Don't expect reliability in relationships. Don't trust anyone and you will never be disappointed.

* As delineated by Virgina Satir

Characteristics of a Functional Family

Adapted from J. Bradshaw, Bradshaw On: The Family

- *Five Freedoms Expressed* – In order to be fully functional, each human being needs to express freely the five basic powers that constitute human strength. These are: the power to perceive, to think and interpret; to emote, to choose, want, and desire; and, to be creative through the use of imagination.

- *Unfolding Process of Intimacy* – The marriage, as the chief component of the family, needs to be in the process of becoming intimate. This process goes through the stages of: *in love; working out differences; compromise and individualization;* and, *plateau intimacy.* *

- *Negotiated Differences* – Negotiating differences is the crucial task in the process of intimacy foundation. To negotiate differences there must be the desire to cooperate. This desire creates the willingness to fight fair.

- *Clear and Consistent Communication* – Clear and consistent communication is key to establishing separateness and intimacy. Clear communication demands awareness of self and the other, as well as mutual respect for each other's dignity.

- *Trusting* – Trust is created by honesty. Accurate expression of emotions, thoughts, and desires is more important than agreement. Honesty is self-empowering and avoids shaming.

- *Individuality* – In functional families differences are encouraged. The uniqueness and unrepeatability of each person is the number one priority.

- *Open and Flexible* – In a functional family the roles are open and flexible. One can be spontaneous without fear of shame and judgement.

- *Needs Fulfilled* – Happy people are getting their needs met. A functional family allows all of its members to get their needs filled.

- *Accountability* – Functional families are accountable. They are willing to acknowledge individual problems, as well as family problems. They will work to resolve those problems.

- *Laws are Open and Flexible* – The laws in functional families will allow for mistakes. They can be, and are, negotiable.

* *Described in A Couple's Journey,* Susan Campbell

The Four Worlds Exchange
Volume Two, Number One
November 1990

Phil Lane

Health is a process of being and becoming whole: physically, mentally, emotionally and spiritually.

Being healthy is:

- having a vision of who we are as human beings and how we grow and develop;
- living in the experience that we are intimate and related to all of creation;
- being able to appreciate that our mistakes are as essential and as sacred to the living process as our successes;
- not blaming others for our pain;
- being able to learn from others as well as from ourselves;
- being able to spend time with ourselves in quietness and solitude;
- being able to promptly apologize and change our behavior when we realize our behavior and attitudes are inappropriate;
- being able to accept a compliment with true thanksgiving and humility before the Creator;
- being able to laugh at yourself when you behave in awkward ways, being able to recognize the wildflowers growing in the garbage dump, being able to cry, not allowing your guilt to become more destructive than your mistake, striving to become worthy rather than competing, accepting everything that has happened in your life with thanksgiving;
- reflecting on your own faults and considering how you can improve yourself at times when other people make mistakes.

A healthy community:

- is the natural result of healthy people, respects and appreciates the diversity within it, protects and defends its unity, is honest with itself and others, makes it own decisions, takes responsibility for the outcomes of its decisions and actions;
- realizes there is no wrong way to pray;
- recognizes that every part of the community is sacred, from the youngest child to the oldest elder;
- is engaged in the process of recovery from addictions;
- people can make mistakes and be forgiven;

- sobriety is economic development;
- curiosity, experimentation and innovation are supported and encouraged;
- men and women don't abuse each other;
- work and service to the people are regarded as sacred;
- the political process is centred in spiritual principles.

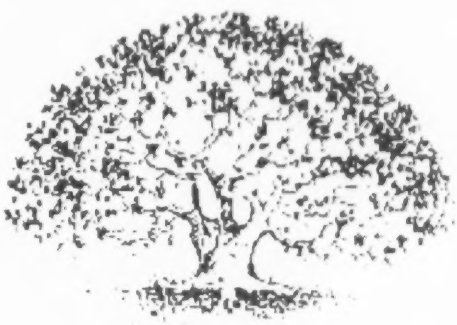
Surviving on the Front Lines

The Four Worlds Exchange Volume One, Number Four March 1990

True Community

The word community comes from two words, "common" and "unity" meaning oneness. Hence true "community" consists of people who live together in ways that recognize, nurture and sustain their "common oneness".

M. Scott Peck wrote a book called "The Different Drum: Community Making and Peace" (1987, Simon & Shuster, New York, ISBN 0-671-60192-X) in which he outlines his findings from years of experience in helping broken communities to heal themselves. He identifies eight characteristics of "true community". What this means is that all eight of these qualities are present when a group of people are living in a condition of common oneness or "community".



1 *Inclusivity* – Everyone is included, no matter if they are angry or pleasant or scared or bored or hurt or joyous. No one is excluded from the circle. Exclusivity exists in two forms: excluding others and excluding yourself. Exclusivity destroys community.

2. *Commitment* – In a true community people are committed to each other, committed to coexist, committed to hang in there no matter how tough it gets, committed to work things out.

3. *Consensus* – Decisions in genuine communities are reached through a process of consultation that ends in consensus. Consensus doesn't mean everyone thinks the same. It does mean that there is unity. It means everyone agrees to allow a certain course of action to occur. It usually implies compromise and always anticipates that there will be further dialogue. When there is consensus the door of communication is never shut.

4. *Transcendence* – To transcend means to rise above. True community rises above (or climbs over) differences. There is a riddle in physics. What happens when an

immovable object meets an irresistible force? One recent response to this riddle was posed in the spirit of true community. The answer was "both must change".

5. *Realistic* – A true community is able to look at itself and others realistically. True community is not swayed by desperate or fanatic leaders or by "group think". The reason for this is true community encourages the expression of individual differences. It allows all voices to be heard, all views to be considered. In any healthy community there will always be those who will question authority. This is good. A true community is also humble. It appreciates its own weaknesses and limitations. It sees and accepts its own brokenness. It is working on improving itself from a perspective of looking with humility into the mirror of self-contemplation, and being realistic about what it sees.

6. *A Safe Place* – In the common oneness of true community it is safe to be vulnerable. It is safe to weep and share pain. It is safe to be angry. It is safe to let your guard down. In true community no one is attempting to heal you or fix you or convert you. It is safe to see you. And because it is safe, healing happens. Growth happens. Even changes in people's basic beliefs and approaches to life can happen. Because it is safe.

7. *A Circle Has No Sides* – In true community people have learned how to fight gracefully. They have learned how to listen to different points of view without rejecting one another. It is not that there is no disagreement or even conflict. There is, but people are committed to healing differences and resolving conflicts. They have learned how to do this without hurting one another, and without loosing sight of their "common oneness". In true community there may be leaders and groups who favor this or that point of view, but none of these are allowed to destroy the circle for the sake of winning.

8. *Spirit* – When people have entered into a state of true community their lives together are animated by the spirit of peace and love. They are at peace with one another. There is kindness and love and gentleness among them. In true community traditional Native people believed that the Creator's own spirit, the Holy Spirit burns like a sacred fire in the centre of the circle of the people. Everyone knows it is there. People feel it, acknowledge it, respect it and honor it. When people try to keep this spiritual dimension out of their life together, communities fall apart like an old chain that someone forgot to glue together. Some may call this idea religion. Traditional native people called it reality.

Four Stages of Community Development

Adapted from M. Scott Peck, MD (*A Different Drum*).

Pseudocommunity

The essential dynamic of pseudcommunity is conflict avoidance. Members are extremely pleasant with one another and avoid all disagreement. People, wanting to be loving, withhold some of the truth about themselves and their feelings in order to avoid conflict. Individual differences are minimized, unacknowledged, or ignored. The group may appear to be functioning smoothly but individuality, intimacy, and honesty are crushed. Generalizations and platitudes are characteristic of this stage.

Chaos

Once individual differences surface, the group almost immediately moves into chaos. The chaos centres around well intentioned but misguided attempts to heal and convert. Individual differences come out in the open and the group attempts to obliterate them. It is a stage of uncreative and unconstructive fighting and struggle. It is no fun. It is common for members to attack not only each other but also their leader, and common for one or more members — invariably proposing an 'escape into organization' — to attempt to replace the designated leader, however, as long as the goal is true community, organization as an attempted solution to chaos is unworkable.

Emptiness

The way through chaos to true community is through emptiness. It is the hardest and most crucial stage of community development. It means members emptying themselves of barriers to communication. The most common barriers are expectations and preconceptions; prejudices; ideology, theology and solutions; the need to heal, fix, convert or solve; and the need to control. The stage of emptiness is ushered in as members begin to share their own brokenness — their defeats, failures, fears, rather than acting as if they "have it all together."

True community

True community emerges as the group chooses to embrace not only the light but life's darkness. True community is both joyful *and* realistic. The transformation of the group from a collection of individuals into true community requires little deaths in many of the individuals. But it is also a time of group death, group dying. Through this emptiness, this sacrifice, comes true community. In this final stage a soft quietness descends. It is a kind of peace. The room is bathed in peace. Members begin to speak of their deepest and most vulnerable parts, and others will simply listen. There will be tears — of sorrow, of joy. An extraordinary amount of healing begins to occur.

THE FOUR WORLDS PRINCIPLES FOR A SUSTAINABLE SOCIETY

These sixteen participles for building a sustainable world emerged from a twelve year process of reflection, consultation, and action within tribal communities across North America. They are rooted in the concerns of hundreds of aboriginal elders and leaders of thought, as well as in the best thinking of many non-aboriginal scholars, researchers and human and community development practitioners.

These principles constitute the software for the process of healing and developing ourselves (mental, emotional, physical, spiritual), our human relationships (personal, social, political, economic, cultural) and our relationship with the earth. They describe the way we must work and what we must protect and cherish.

We offer these principles as a gift to all who seek to build a sustainable world.

Four Worlds International*

Preamble

We speak as one, guided by the sacred teachings and spiritual traditions of the four directions that uplift, guide, protect, warn, inspire, and challenge the entire human family to live in ways that sustain and enhance human life and the life of all who dwell on mother earth, and hereby dedicate our lives and energies to healing and developing ourselves, the web of relationships that make our world, and the way we live with mother earth.

* Developed and distributed by Four Worlds International
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THE FOUR WORLDS PRINCIPLES FOR A SUSTAINABLE SOCIETY

Starting from within, working in a circle, in a sacred manner, we heal ourselves, our relationships and our world.

Starting from Within

- **Development comes from within**: The process of healing and development unfolds from within each person, relationship, family, community or nation.
- **Vision**: A vision of who we can become is like a magnet drawing us to our potential. Where there is no vision, there can be no development.
- **Culturally based**: Healing and development must be rooted in the wisdom, knowledge, and living processes of our cultures.
- **Interconnectedness**: Because everything is connected to everything else, any aspect of our healing and development is related to all the others (personal, social, cultural, political, economic etc.) When we work on any part, the whole circle is affected.

Working in a Circle

- **Growth and healing for the individual, the family, and the community must go hand in hand**. Working at one level without attending to the other is not enough. Personal and social development as well as top-down and bottom-up approaches must be balanced.
- **Unity**: We need the love, support, and care of others to heal and develop ourselves. Unity is the starting point for development, and as development unfolds, unity deepens.
- **Participation**: People have to be actively engaged in the process of their own healing and development. Without participation, there can be no development
- **Justice**: Every person must be treated with respect as a human being and a child of the creator, regard less of gender, race, culture, religion or any other reason. Everyone should be accorded the opportunity to fully participate in the processes of healing and development, and to receive a share of the benefits.

In a Sacred Manner

- **Spirituality**: Spirituality is at the centre of healing and development. Connection with the creator brings life, unity, love and purpose to the process, and is expressed through a heart-centreed approach to all that we do.
- **Harmonizing with natural law**: Growth is a process of uncovering who we truly are as human beings in harmony with the natural laws of the universe.
- **Walking in balance**: Codes of morality, ethics and protocol teach us how to walk the road of life in a good way. Violating moral and ethical boundaries can destroy the process of healing and development.
- **Working from principle**: Our plans and actions are founded on our deepest understanding of the principles that describe how the universe is ordered and how healing and development unfold.

We Heal And Develop Ourselves, Our Relationships And Our World

- **Learning**: Learning to live in ways that promote life and health is the essence of our development. Our primary strategy is therefore the promotion of this type of learning.
- **Sustainability**: When we take actions to improve our lives or the lives of others, it is critical to avoid under mining the natural systems upon which all life depends and to work in ways that enhance the capacity of people to continue in the path of their own healing and development
- **Move to the positive**: Solving the critical problems in our lives and communities is best approached by visualizing and moving into the positive alternative that we wish to create, and building on the strength we already have, rather than giving away our energy fighting the negative.
- **Be the change you want to see**: In all of our actions, we seek to be living examples of the changes we wish to see in the world. By walking the path, we make the path visible.

CHAPTER FOUR

CARING FOR THE CAREGIVER

Introduction

This chapter focuses on the need for caregivers, such as community-based sexual abuse response teams members, to make sure that they stay healthy and balanced as they work in an area of community service which can be very stressful. The chapter has three parts:

- Part One is designed to help caregivers recognize any signs of stress they may be experiencing and to recognize the dysfunctional pattern of life, called co-dependence, that many caregivers choose.
- Part Two offers suggestions for caregivers committed to a personal healing journey.
- Part Three provides eight strategies that caregivers can use to maintain wellness on a day-to-day basis.
- The Resource Pages for this chapter contain two articles from The Four Worlds Exchange which discuss some of the sources of stress for front-line community workers (such as the members of community sexual abuse response teams) as well as how to avoid the misuse of power in community work.

Part One – Indicators and Sources of Stress for Caregivers

Counsellors and other members of a community-based sexual abuse response team need to make sure that they protect their own health. The type of work they do is very delicate. It may affect a lot of other people, including their clients, their families, their colleagues, and themselves. For this reason, it is important that intervention team members stay as healthy and effective as they can. They also need to stay healthy because they work in a situation which is very stressful. They are constantly in contact with people who are in a great deal of pain. The demands on their time are often overwhelming and the social and political climate in which they work may often not be very supportive. All of these factors can contribute to burn-out and other types of physical and mental health problems.

Warning Signs of Stress and Burn-out

In order to maintain health, caregivers need to learn to recognize the signs of stress in their everyday lives. Many people do not realize that they are experiencing stress until they become depressed, have a strong emotional outburst or become ill. When people learn to recognize the early warning signs of stress, they are able to use stress management techniques to remain calm and centreed and use appropriate problem solving methods to deal with the situation which is frustrating them.

Below is a chart (taken from "Survival Skills for the Workplace," published by the Children of Alcoholics Foundation, Inc., 155 Madison Ave., New York, 1995) listing some of the common symptoms or indicators which people might experience when they

are trying to cope with a stressful situation. They are a sign that the person needs to focus on finding a positive way to deal with the situation in which they find themselves.

Physical	**Emotional**
• fatigue • nausea • muscle tremors • twitches • headaches • visual difficulties • teeth grinding • weakness • frequent urination • nonspecific physical complaints • constipation, diarrhea • cold, sweaty hands and feet	• anxiety • guilt • grief • denial • fear • uncertainty • loss of emotional control • depression • apprehension • feeling overwhelmed • intense anger • irritability • agitation
Cognitive	**Behavioral**
• blaming others • confusion • limited attention span • heightened or lowered alertness • easily distracted • memory problems • poor problem solving • poor abstract thinking • difficulty making decisions • obsessive thinking • ruminating	• change in activity • withdrawal • emotional or physical outburst • suspiciousness • change in usual communications • loss or increase of appetitie • increased alcohol/drug consumption • inability to rest • hyper-allert to environment • pacing • insomnia and nightmares • excessive impulse buying • diminished sexual desire

Caregivers also need to learn to recognize the signs of burn-out. Burnout can be defined as a deep sense of mental, emotional and physical exhaustion which can occur when people are in a stressful situation over an extended period of time. Some indicators of burn-out are:[30]

1. Chronic fatigue, frustration and exhaustion. A deadening of the heart and giving way to resignation and despair.

2. Sense of diminished effectiveness. A gnawing sense of futility about work, or about life in general.

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30 Excerpted from "Wellness for Helping Professionals," by John Travis and Meryn Callander and published by Wellness Associates Publications, 1990.

3. Unproductive feelings of anger and resentment toward the people we profess to be helping.

4. An absence of inspiration and enthusiasm, joy and spontaneity.

Caregivers who are experiencing these symptoms need to take steps to restore their health and effectiveness. It is also important for caregivers to take care of themselves to prevent burn-out from occurring in the first place.

Sources of Caregiver Stress

Some of the most common reasons why caregivers working in the field of sexual abuse intervention, treatment and prevention become unable to continue working effectively in their jobs are the following:

- *restimulation of their own unresolved pain and traumatic experiences* – working with clients who are either the victims or perpetrators of sexual abuse can remind caregivers of things which they have experienced or witnessed and which they have not been able to work through themselves
- *political pressure* – in the form of pressure to cover up certain disclosures or of unrealistic expectations about what the sexual abuse program can do to solve the "problem"
- *overwork* – as a sexual abuse program begins to work effectively, its work load is likely to increase dramatically; the same few workers are expected to be able to continue taking on new cases
- *poor working conditions* – counsellors are often underpaid, do not get regular breaks, and work in crowded, under-resourced offices
- *lack of boundaries* – job descriptions may not be clear or may not be honoured by clients, supervisors or community leadership; work demands spill over into family and private life
- *conflict with other community/government agencies* – other community or government agencies may understand the problem of sexual abuse in different ways, may have unrealistic expectations, or may make demands which are culturally or strategically inappropriate
- *lack of a support system* – at work, in the community or in the family, to assist the caregiver to remain centreed and healthy and to get the resources he or she needs to work effectively
- *lack of community support* – sexual abuse workers can become the object of gossip, backbiting, and attempts to undermine their efforts as a community struggles with its own denial of its role in fostering a climate in which sexual abuse occurs

In order to prevent burn out or break down or even becoming disillusioned and frustrated in the face of these types of stresses, caregivers need to work on their own health and personal development on two levels:

1. *healing journey to deal with their own past hurts and traumatic experiences, and*
2. *program to maintain health and well-being on a daily basis.*

The Co-Dependent Caregiver

It is very important for caregivers to take whatever steps are necessary to be sure that they have done their own healing work. If they haven't done this work, it is likely that their own unresolved issues will be triggered by their interaction with their clients and that this will interfere with their capacity to be effective in their work. They may experience physical or mental health problems or simply be unable to work with people in a way which helps them to grow and develop.

One way to describe the type of relationship that can develop between caregivers who are themselves wounded and their clients is the term "co-dependence." In a co-dependent relationship of this sort, not only do the clients (and other community members) depend on the caregiver to help them on their healing journey, but also the caregiver "needs" to be depended upon, looked up to, and called on for advice and help. The caregiver's sense of identity, self worth, and feelings if well-being become "dependent" on being the one who gives care. Some of the warning signs for caregivers who may be slipping into a co-dependent relationship with their clients and community are:[31]

- their good feelings about who they are stem from being liked by others and receiving approval from them
- their serenity is affected by the struggles that other people are experiencing; their mental attention focuses on solving other people's problems and relieving their pain
- their mental attention is focused on pleasing others, protecting them, and manipulating them to do things the way the caregiver thinks is right
- they are not aware of how they themselves feel, only how others feel
- they use giving as a way of feeling safe
- they make assumptions about the feelings, intentions, and behavior of others rather than verifying things to make sure they understand what is meant
- their self-esteem is bolstered by solving other people's problems and relieving their pain

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31 Adapted from a list circulated by Co-Dependents Anonymous (author unknown).

Co-dependents are usually rescuers rather than helpers. Rescuers do things for other people that they really need to do for themselves. This type of behavior is ultimately harmful to others and to the rescuer as well.

Part Two – The Caregiver's Healing Journey

In order to be effective over the long run, caregivers need to complete their own healing journey. Here are four ways that this can be approached:

1. Traditional ceremonies and other cultural practices;

2. Getting help from a qualified professional;

3. Using appropriate learning processes (such as the lifeline circle exercise, the grieving cycle process, and healing visualization described below);

4. Participating in community support groups (which are described more fully in the section below on maintaining well-being on a day-to-day basis).

Traditional Ceremonies and Other Cultural Practices

All indigenous cultures have ceremonies and other cultural processes for assisting individuals to restore balance and harmony in their lives. When guided by a respected traditional healer, these practices can assist individuals and families to heal pain and trauma from the past, to learn new skills and attitudes, to reconnect to a positive vision of human potential, and to build supportive and loving relationships.

Using the Lifeline Circle for Healing

This is an example of the type of learning processes which can be used to help caregivers work through their own healing journey. Making a lifeline circle can be a very effective tool to assist caregivers to identify and deal with issues from their past which may prevent them from being effective in their work and personal lives. Here is a brief description of how this process can be carried out:

1. Ask participants in the exercise to divide a piece of paper in half. On the first side, they should list all those things which have brought and pain and hurt to them in their lives from as early as they can remember until the present. On the other side, they should list all the things that have brought love, learning and growth to them. As they develop these lists, they will gradually remember more and more significant incidents from their pasts which they should add to their inventory.

2. On a large piece of paper, have the participants make a large circle to represent their life cycle from birth to their eventual death. Have them draw out their life story using the lists they have developed to put a triangle for each painful incident and a circle for

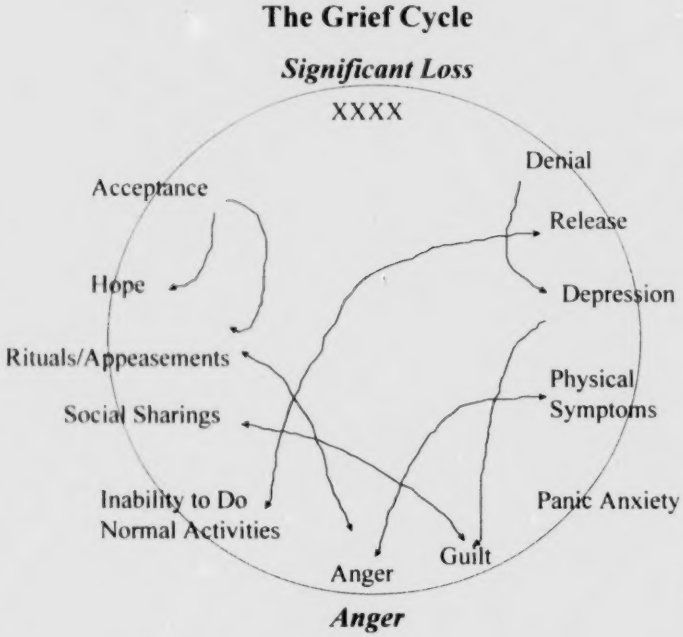
each loving and learning incident on the appropriate part of the circle according to their age when that incident occurred. Under each triangle or circle, they should mark down the age they were at the time of that event.

3. Have them reflect on each incident on their lifeline circle to understand more fully how their current coping patterns and attitudes have been shaped by their pasts.

4. These lifeline circles can be used for personal reflection, for sharing in support groups or for working with a counsellor, mentor or other type of resource person.

Using the Grieving Cycle to Work on Past Hurts

One way that the lifeline circle can be used for deeper healing work is to use the grieving cycle as a tool for reflection and change. The grieving cycle represents the steps that individuals, families and even whole communities can experience as they struggle to cope with the losses such as the death of a loved one, the loss of identity and self-reliance due to some form of colonialism, or the loss of hopes and dreams. If the grieving cycle is completed, the individual, family or community eventually works through strong feelings such as guilt and anger to acceptance and hope. If the grieving cycle is not completed, the individual family, or community remains in a state or depression, abuse, or other types of illness. The grieving cycle can be pictured as follows:



As a tool for working through past hurts and trauma, the grieving cycle can be used with the lifeline circle as follows:

1. Have the participants in the exercise go through their lifelines, one triangle at a time to respond to the following questions:

    - Where are you at with that triangle?
    - Have you released your anger or hurt?
    - What stage of the grieving cycle represents your relationship with that event?
    - What needs to happen in order for you to work your way through the rest of the grieving cycle to the stages of *release* and *final reframing* about this issue?

2. It is important to remember that this process does not need to be finished in one session. It is one which will obviously take some time, depending on the life experiences of the caregiver. It is also likely that the process will generate new memories which need to be added to the life cycle and processed.

Using Healing Imagery

There are many good healing imagery audio cassettes available. They usually use a combination of relaxation breathing, music and a spoken guided journey. The guided journey helps people to mentally picture themselves in an environment which feels safe and healing for them. Then it encourages them to picture themselves dealing with a particular situation or feeling in a way which promotes positive outcomes. Many people have also developed their own healing imagery processes, using relaxation techniques and mental images which are especially meaningful to them.

In brief, the healing imagery process is as follows:

- Choose a comfortable position either lying flat on the floor or another firm surface or sitting up straight in a comfortable chair with your feet flat on the floor.
- Take several deep breaths through your nose, feeling the air move all the way into your abdomen and back out through your lungs and nose.
- As you breathe, focus on each part of your body, relaxing it in turn. It is helpful to start with your feet and move up your body, relaxing each part with one of your deep breaths.
- Once you are feeling relaxed and ready, picture yourself in a place in nature which is especially soothing and comfortable for you. Picture that place as clearly as possible, noticing the sights, the colours, the sounds and the smells. Stay in this place for ten to twenty minutes.
- Doing this exercise whenever you are feeling stressful, or at the end of a busy day will help you to stay calm and healthy.
- You can also expand on this exercise to incorporate working on specific healing issues (such as, for example, learning to forgive a relative or friend who has hurt you in the past). Once you are mentally in your own special place using the above steps, you can visualize yourself being filled with healing light and then sending that light to others. You can also visualize a positive outcome to a certain situation which worries you.

Part Three – Maintaining Well-Being on a Day-to-Day Basis

Following are some suggestions for maintaining health and well-being on a day-to-day basis:

1. ***Continue your healing journey using the learning processes that work for you.*** Three examples of possible techniques are described in the previous section ("Using the Lifeline Circle" and "Using the Grieving Cycle" and "Using Healing Imagery").

2. ***Participating regularly in ceremonies and other cultural practices which help you restore balance and harmony in your life***

3. ***Identify a capable resource person to talk to whenever old hurts are re-stimulated by:***
   - interactions with clients
   - pressures from political leaders or the dysfunctional behaviour they may exhibit
   - events in your family life (e.g. addictive or co-dependent behavior)
   - community dysfunction (gossip, undermining and other types of hurtful behavior)

4. ***Participate regularly in a support group:***

   - through A.A., Alanon, etc.;
   - a women`s or men`s group;
   - a workplace support group;
   - a support group organized through community agencies (church, mental health program, etc.).

   (Some guidelines for support groups are included in Chapter Seven, "Involving the Community.")

5. ***Establish and maintain boundaries***

a) Know your own limitations:
   - your knowledge and expertise with certain issues;
   - your own state of well-being and capacity to deal with the strong feelings and experiences of others without having your own hurts restimulated.

b) Learn how to say no:
   - to the pressure to be on call to your clients and to the community twenty-four hours a day;
   - to the pressure to take on more and more work from your supervisor, colleagues, political leaders, etc.

c) Follow clear guidelines for counsellor-client relationships:
   - with respect to the types of services you can provide;
   - with respect to relationships outside helping role;

d) Protect your family and personal life:
   - from pressures to be on call twenty-four hours a day;
   - from having confidential information discussed in the presence of your family members.

6. *Use Appropriate Stress Management Techniques*

a) Relaxation or meditation techniques – for calming and centreing ourselves as well as learning how to focus and concentrate in order to solve problems more effectively. Relaxation exercises can help relieve some of the immediate pressure in situations that habitually evoke feelings of apprehension, anger or depression. These exercises usually help us change the physical way our body responds to stress (e.g. tense muscles, racing heartbeat, headache, clammy hands, stomach cramps, etc.) and the patterns of thought that prevent a constructive response to the situation which has caused stressful feelings. Relaxation strategies are most effective when they are tailored to our specific needs. Below is a list of the types of relaxation techniques which can be used to help relieve various types of stress.

   - Visualization exercises – such as the healing imagery exercise described above.

   - Deep breathing exercises – taking slow, deep breathes in through your nose and out through your mouth. You can count to four as you breath in, hold for a count of four and exhale to a count of four. You should feel the air filling up first your abdomen, then your chest, and as you exhale you should push the air out from your abdomen and then your chest (rather than from your chest down).

   - Progressive relaxation – while practicing deep breathing, you first tense and then relax the muscles in each part of your body in order (e.g. starting with your toes and moving up your legs to your abdomen, your chest, your arms, shoulders and head).

   - Massage – There are many different types of massage, from a simple back or shoulders rub, to massages which use aromatic oils or herbs or which stimulate and soothe the muscles in specific ways.

   - Meditation – involves focusing the mind while in a state of deep relaxation. There are many different types of meditation, some of which involve the use of a particular sound or image to help focus the mind. It is important for each person to find the type of meditation which works best for him or her. Meditation can be

used to help calm or centre the body and mind in order to deal more effectively with stressful situations or to solve problems.

b) Positive thinking – correcting some of the thinking habits which can develop as a part of dysfunctional coping skills. Many people find themselves trapped in negative thinking patterns when they are in a stressful situation. The chart below (adapted from "Feeling Good," by David Burns, William Morrow and Company, New York, 1980) summarizes some of the types of "stinkin' thinkin" which make it difficult for us to move into a positive, creative way of changing problems into opportunities of learning, growth and new choices.

- **All or Nothing:** You see things in black-and-white categories. If you're not totally brilliant, then you must be totally stupid. In-betweens do not exist. You can never succeed because you can never live up to your exaggerated expectations.

- **Overgeneralization:** Because something occurs once, it will always happen again. You are living proof of Murphy's Law. Your line at the bank or supermarket is always the longest. You see a single negative event as a never-ending pattern of defeat.

- **Mental Filter:** You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like the drop of ink that discolours the whole jar of water.

- **Disqualifying the Positive:** You reject positive experiences by insisting they "don't count" for some reason or other. When someone pays you a compliment you convince yourself that they are just trying to manipulate or pity you.

- **Jumping to Conclusions:** You make a negative interpretation even though there are no definite facts that convincingly support your conclusion. You "mind read', by arbitrarily concluding that everyone is responding negatively to you or you play the "fortune teller" by convincing yourself that your predictions of defeat are an accomplished fact.

- **Magnification (Catastrophizing) or Minimization:** You exaggerate the importance or some things (like your own failure or someone else's success) and you shrink others (like your real achievements or someone else's failures).

- **Emotional Reasoning:** "I feel it, therefore it must be true." You assume that your negative emotions necessarily reflect the way things really are.

- **Should Statements:** Using shoulds, oughts and musts you create guilt about your own lack of motivation and anger, frustration and resentment about the things others don't do.

- **Labeling and Mislabelling:** Unable or unwilling to separate your mistakes from yourself, you call yourself a loser. Others who offend you are similarly labeled as liars or creeps. Mislabelling involves using highly emotional language to describe events.

- **Personalization:** You see yourself as the cause of some negative external event for which you were not, in fact, primarily responsible.

The following chart (taken from "Survival Skills for the Workplace," published by The Children of Alcoholics Foundation, Inc., New York, 1995) provides some suggestions for how to turn these types of negative thoughts into more productive ones.

WHEN I FIND MYSELF THINKING:	I CAN THINK:
I'll never be able to handle this.	I have the strength to cope.
This customer/client is making me crazy.	Stay calm. Getting upset will do no good and might even make it worse.
How could I make such a mistake? I am incompetent.	I'll learn from this mistake and do better next time.
What's the matter with me? I never get enough done.	I did my best today. This kind of thinking is unrealistic and hurts me.
Nobody works as hard as me, or cares as much as I do. They're all lazy.	I must be feeling unsupported and unappreciated. I should talk these feelings out with someone whom I trust.
If I just work hard enough they'll see how valuable I am.	I'm already working intensely. Am I the one who is devaluing my own accomplishments and therefore assuming everyone else is too?
This situation is a mess.	I can break it into smaller pieces and do the next right thing. Maybe I can train or help other people see how doing it a different way may be better.
I can't trust anyone around here to do things right.	Maybe I just have to roll with it and not make myself crazy.
I am different from everyone else.	Just because I feel that way doesn't mean it's true. I have the same rights and responsibilities as other employees in my workplace.
If I let anyone know that I'm confused or don't know something, they'll fire me.	This is my fear talking. If I don't ask for help when I feel this way, I probably won't be able to do a good job at all and then might really get into trouble.
This is absurd.	Can I see the humor in this?

c) Natural highs – taking time to do something you enjoy every day. The term "natural high" is often used in the addictions field to refer to activities which are safe, fun and legal alternative to substance abuse. They are things that can be done to relieve stress, to give ourselves a time out from a frustrating situation and to be sure that we do at least one thing we enjoy everyday.

Here is a list of things that some people find relaxing and enjoyable. You will be able to add your own to the list. At the end of this reading there is also a humorous list of "natural highs". Laughter is one of the best ways to relieve stress!

Keep a journal
Sign up for a yoga or exercise class
Watch a sunset
Take a brisk walk
Laugh at yourself
Hug a child
Have a good cry
Reward yourself for reaching a goal
Walk in the snow
Clean out a closet or drawer
Visit a friend who is ill or sad
Bake bread
Spend money in fantasy
Play a game
Tell someone you love them
Make some popcorn
Throw a non-alcoholic party
Make herb tea
Go fishing
Sit by the fire
Play a musical instrument
Dance around the living room
Find something good in everyone you meet
Make a list of your own good qualities
Meditate
Do some crafts
Visit a friend
Finish a project
Call a friend
Write a letter
Make ice cream
Look at the clouds
Chop wood
Watch a funny movie
Have someone rub your back
Write poetry
Listen to the rain
Take a long hot bath
Sing
Read a novel
Take a nap
Eat by candlelight
Listen to music
Receive a compliment without apologizing
Waste time without feeling guilty
Write a thank you note

d) Physical fitness – to improve health and release stress. Keeping physically healthy by exercising regularly and by eating a balanced, nutritious diet is one of the most important ways to deal with stress. When we are healthy we are much better able to deal with stressful situations in positive and creative ways.

One of the keys to regular exercise is to find a type of exercise program, which you can enjoy and which can fit into your lifestyle. It is also important to remember that your exercise program should improve three aspects of your physical health: your

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strength, your aerobic conditioning and your flexibility. If you ask around, you will probably be able to find someone in your community who will be able create a program which will suit your capacities, needs, and goals. It can also be very useful to find an exercise partner who will help you keep to your schedule and encourage you along the way.

Information about nutrition and about healthy cooking is also available from community resource people, such as a home economics teacher or a health promotion worker. It can take some time and effort to change a family's eating habits, but the pay off in terms of improved health and improved coping ability are well worth it.

e) Identifying and accepting the things over which you have no control. Many of us frequently fret about things which we cannot change. This is a common source of stress for us. Yet, if the situation is really something over which we have no control, we are worrying ourselves needlessly. As the Serenity Prayer goes "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

f) Knowing when and where to go for help. Getting help from a professional or a knowledgeable lay person can often help us break through destructive thinking patterns and realize that we have a choice about how we respond to things. Resource people also help us learn about new options, skills and information to help us deal with a difficult situation. Many communities have a resource directory and you can also sometimes find an appropriate helper on the recommendation of friends or colleagues.

7. Become more conscious of your own dysfunctional patterns

a) Have you substituted a more socially acceptable addiction (e.g. workaholism or gambling) for substance or sexual abuse?

b) What are the types of situations which trigger your feelings of hurt, anger, depression, or guilt? What can you do to work through the old hurts which are triggered by these situations?

8. Develop a Wellness Plan for Yourself

a) Assess your current wellness in the mental, emotional, physical and spiritual dimensions.[32]

b) Describe your vision for health for yourself in each of these areas.

c) Make a step-by-step plan for achieving that vision.

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32 An example of a tool which can help you assess your current physical, mental, emotional and spiritual health is the "Wellness Inventory" in the Wellness Workbook by Regina Sara Ryan and John W. T, 10 Speed Press, and available for Wellness Associates, Box 5433 W, Mill Valley, CA 94942.

d) Identify the new information and skills you will need to achieve your plan and make a plan for how you will learn these things.

e) Identify the resources you will need to implement your plan and where you will get those resources (including a buddy to help you stick to your plan).

f) Set up a schedule for regularly evaluating your progress toward your goals and for changing your plan as necessary.

MY PERSONAL WELLNESS CONTRACT

A contract can be much more than an "enforceable agreement". It can be an understanding that serves to make a given matter clear, precise, and direct. All of us enter into informal contracts nearly every day (e.g. Agreeing to meet a friend at a specific time and place, etc.) Occasionally we have use for contracts of a more complex variety, such as legal issues requiring an attorney. A contract for wellness purposes is somewhat between these two extremes. A contract for wellness is an invaluable tool: we recommend it because it clarifies and reinforces your determination and commitment to make lifestyle changes.

Contracts for wellness are basically written agreements with yourself. The act of writing an agreement down makes it more real and compelling. You can build into your contract all the necessary evaluation measurements, payoffs, rewards, and support conditions which you require to keep your commitment.

CONTRACT

I _____ DO HEREBY COMMIT MYSELF TO THE FOLLOWING GOAL AND ACTIVITY FOR: _____ WEEKS
THIS AGREEMENT WITH MYSELF IS IN EFFECT FROM: _____ UNTIL _____
THE GOALS I SET FOR MYSELF ARE:
TO PURSUE THESE GOALS I WILL PERFORM THE FOLLOWING ACTIVITIES ON A REGULAR BASIS. SPECIFICALLY –
THE TIME SET ASIDE FOR EACH GOALS IS AS FOLLOWS:
FRIENDS WHO WILL ASSIST ME IN THESE PURSUITS ARE:
I REALIZE THAT I MAY SABOTAGE MY PLAN BY:
SO I WILL AVOID THIS BY:
THE PAYOFFS WHICH I WILL REALIZE BY FULFILLING MY GOALS ARE:
SIGNED: DATE:
WITNESS:

RESOURCES

FOR

CHAPTER FOUR

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The Right Stuff

We talked with front-line workers from across Canada and Alaska about what it takes to be a frontline worker. This article draws on this collected wisdom to explore the right-stuff, the qualities and skills, a person needs to be an effective front-line worker.

Front-line workers are the ones who implement the social and economic development program designed to help Native communities develop. They need to be a special kind of people because more is required of them than just knowing a few things or having a few skills.

Wilf Bean from the Coady Institute in Nova Scotia told us that, in his experience, a successful front-line worker is "someone with a real commitment to social change. You can have all the skills in the world, but without a real commitment to social change you won't have much success."

And a commitment to social change requires a commitment to personal growth. "You have to be put together yourself. How can you help others if you have not got it together yourself ?" says Peter Erasmus, co-author of a book on community development and long time front-line worker.

Rupert Arcand, community development worker for the Alexander Band in Alberta, confirms this. "I think it is important that you are a healthy person or at least on a healing journey. If you are not healthy, you get hooked into other people's issues and start injecting your own."

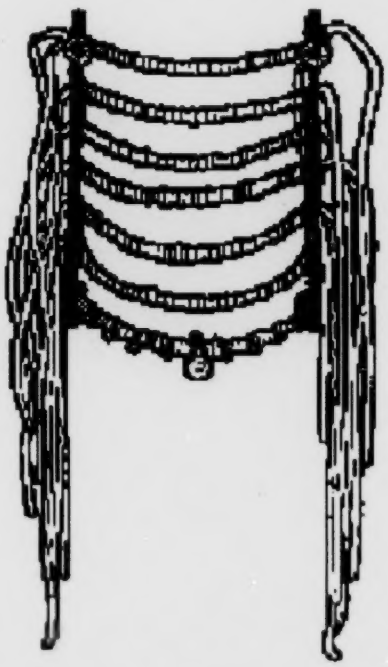
In fact, almost everyone we talked to emphasized the importance of the personal qualities of successful field workers. Lori Marum, a professor of Social Work at the University of Alaska and experienced development worker, described a list of personal qualities of successful front-line workers she has known "Warmth, openness, the ability to work from the heart, flexibility, and sense of humour A willingness to be introspective and work on one's own issues is crucial."

These personal qualities are important because most communities need more than just money or technical skills. What they need

is the chance to deal with deeply personal issues such as a lack of vision, poor self-esteem, and the hurts and anger that come from years or generations of oppression. Development projects are most successful when they deal with these personal or individual healing issues as well as the technical issues like information, training, and funding.

The front-line worker can't help people change their lives with words alone, he has to be a role model for the change. If you want people to look at their addictions, you must look at your own. If you want people to open up and share, you must show them how to do this by your own example. You must walk your talk. Many people felt that this required a commitment to spirituality, said Marie Potts, outreach and networking coordinator for the Peigan.

Prevention Counselling Services, told us that "a good field worker should know about the spiritual part because without it nothing works. It requires somebody who has faith in something and lives by it."



"In this business, you can't ever feel that you are alone. A lot of times there is not someone who can be physically there when you need support. It is good to have an open line, a connectedness with a higher power," says Reggie Joule, a member of the Governor's Board on Alcohol and Drug Abuse in Alaska.

Where does a person learn this commitment to personal growth and a sense of the spiritual? Lori Marum recommends that a person go through treatment. "I have found that people who have gone through personal growth work learn to make I statements and listen well. People learn a lot about themselves in developing a relationship with a counsellor. People involved in self-help groups like ACOA, AA etc. are better communicators. They learn to express themselves better because they see role models. I have learned a lot about this going to counselling myself."

"In most communities the best place to learn patience, persistence and spirituality," says Reggie Joule, "is to seek out the leading elders and observe them. Spend time with them, go to ceremonies. This is the best place to learn."

Bill Pelech is the coordinator of Social Development for the Dene Band. He has found that personal growth is an important part of his staff training. "For so many of us, we are drawn into the helping profession as co-dependents. Because of that we learn not to trust,

not to feel, and to put our personal things aside. We have built regular personal growth retreats and workshops into our program. We have also been active in outside training opportunities. And most of our staff is in some kind of recovery program, as I am myself."

What Else Do You Need?

Beyond a commitment to personal development the front-line worker needs other qualities and skills. Glen Eyford, former Director of the M.A. program in community development at the University of Alberta feels that a front-line worker needs the ability to listen. "The ability to keep quiet and listen and to tolerate chaos is essential for a front-line worker. By this I mean the ability to let things happen on the community's terms and not to force your ideas, let things emerge and form patterns as they will. To listen requires respect — you have to really believe you can learn from the people and with them. It can't be done as a token."

A complement to the ability to listen is the ability to take what a person hears from the people and think clearly about it. The effective front-line worker can take what he hears from community people and express those ideas in good program development or proposals. "I think it is really important that they are in touch with their own emotions and can look at things analytically so that they know the impact and meaning of what they are saying and what they hear," says Rupert Arcand.

College or university is a good place to learn to think analytically. "you can learn certain skills in the field," explains Glen Eyford, "but you need formal education (in any field that studies social change) because it will give objectivity, detachment and analytical abilities. A college program is good but a university degree is better because it gives more theory and there is nothing more practical than a good theory."

"Degrees are not all for white folks," says Reggie Joule. "Lori Marum's social work program (at the University of Alaska, Fairbanks) has the ability to offer distance delivered courses and they are really helpful, especially if you are pursuing a degree as a paraprofessional."

The Coady Institute in Antigonish, Nova Scotia offers training in international or third world community development. It is a six month program aimed at community development workers from third world countries with three to five years experience. It is very expensive but covers such things as popular education, mobilization, program management, and economic development. Wilf Bean is a lecturer at the Coady Institute and, while he acknowledges that "you can't change things without psychological change as well," he explains that "given the history and expertise of the Coady Institute, we can't really address that aspect."

Cynicism is just intelligent apathy — both are reactions to powerlessness.

Hangin' In There

We could not find any statistics on how long the average front-line worker sticks at his job, but we have the impression from people we talk to that the answer is not long. Many people talk of burnout as a major problem — there are just too many demands on the front-line worker. Bill Pelech is one who does not agree. "I don't believe in the notion of burn out, that is a conflict. It comes down to the fact we don't love ourselves and often times put aside our own personal needs to the point we cannot cope with our role as helping professionals. This implies the need for a deeper sense of one's own worth and self-esteem."

Whether we burn out or not seems to depend on our personal centredness, our personal growth. "It all goes back to your own health. One of the biggest problems for me was the controlling things. I had a sense of what could work and I would take on too much of a controlling or directive role. A little bit of information is dangerous. The most difficult thing is dealing with your own issues and trying to stay clear on your role as community developer and organizer," explains Lori Marum.

Another aspect of frontline work that makes it difficult is that real community development is slow, especially when compared to the expectations of program fenders. "Lack of tangible result is one factor that makes if difficult to hang in there. You have to remember that most people involved in community development initiatives are volunteers and very easily get discouraged. You get tired waiting for results, not necessarily your results, but any results. Another thing that makes it difficult is friction in the community. There is often a lot of fighting and jealousy between various factions. They don't see the larger picture, only their own situation and interests rather than those of the larger group."

It is doubly hard when you are an outsider to the community. Yvan Lebel is a French Canadian working as a community development coordinator in the Metis community of Ile a la Crosse, Saskatchewan. It is hard when you are an outsider. It takes a long time before people accept you. It takes a very long time to feel a sense of belonging. Some days you do, some you don't. It depends on who you are talking with. That is what is hard for me. Even if I have my heart here, I am still an outsider. It drains the energy I have, not being able to hang on to anything but myself. But it may be just me because there are people who do make me feel like family and all I have to do is go and get it. I have to learn where to go to get this sense of belonging and how to use it."

Caught in the Middle

Another source of frustration and stress is the feeling that you are caught in the middle between the community and the government. Lillian Souray is a program consultant on Native issues with the Alberta government. "I am a Native person. I come from a Native community. Because of that experience I feel I can relate to the community. But as a front-line worker I have one foot in each world. I feel that there is sometimes a lack of understanding, especially on the government side. Native communities have special

problems that are often not addressed by traditional government programs. The people in the community know what they need and what is good for them. I believe as a government agency we should try to meet the needs as the community defines them instead of trying to make them fit our needs."

"Getting funding can compromise you," says Rupert Arcand. "I think it is really easy to get hooked up in all that. You have to go back and understand who you are. I go back and speak my truth, what I believe in. Then I am detached about the outcome."

Wilf Bean tells of a few times he has felt compromised. "There is always that struggle to maintain your integrity. I was involved in a project that was supported to set up local government. Government said that council could not say anything on the pipeline. I found this too much a compromise and resigned. There are all sort of areas where you do compromise. For example, you agree to carry out a welfare program that is not particularly helpful in addressing the problem but it is the only thing going and it will provide the space to do other things."

Reggie Joule had a similar opinion. "Sometimes, if you can't bend, nothing gets done. A little success is better than no success. In the long run, a compromise may keep things rolling. But each person has to deal with their own conscience."

What do you do when these and other frustrations begin to get you down? "A trip out," recommends Lori Marum. "Go and meet people who are in the same position. You need to get all that stuff out. A lot of it is real and needs to be dealt with: real grief, real loss. Getting people to come into a nurturing environment does a tremendous amount. A person needs to get through the grieving process and then start networking, get a shot in the arm, and do things that are fun."

Allen Murray is a former director of education for the Alexander Band. "I go to a sweat. It rebalances me. In a sweat people pull off their false faces and material things don't count as much. You feel unified with the people you are in there with because the heat of the lodge is as hot for everyone."

It is a tough job, working in the community as a front-line worker, but someone's got to do it. It is a job that provides the opportunity for, in fact, it demands, personal growth. Many of the people who stick it out and survive for a few years find themselves and their communities better off.

Contrepreneur:
A New Word For An Old Idea

The word entrepreneur is defined (Webster) as "a person who organizes and manages a business undertaking, assuming the risk for the sake of the profit".

Contrepreneur is a new word in the English language. It refers to a person, or an organization that, through some legal or financial manoeuvre, gets control of someone else's economic undertaking in order to skim off the profits without doing the work or taking the risk.

In the old days these people were called pirates or emperors, depending on their position in society. In today's business world they are known as corporate raiders.

In the Native community context, the meaning of "contrepreneur" could be broadened to refer to a person, a group, or an organization (such as government), that gets control of the rules that shape other people's economic activity, and, despite any good intentions, manipulates the system in such a way as to create dependency and stifle economic and political initiative.

No one within or outside of government who works with Native communities wants to have this effect, but many Native people in both the United States and Canada tell us that they feel themselves to be forced to live in a no-win economic situation.

In Canada, Native people who really want to work go through the three-part revolving door of dependency: welfare, make work projects and unemployment insurance. The system discourages cooperative activity, does not provide enough income to allow for even very small-scale risk taking, and most important, it does not build real economic opportunities. Nothing need be developed or produced. No new income generating opportunities are created.

As a result people keep going round and round the revolving door of initiative - stifling dependency. Isn't this system a kind of contrepreneur?

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Panel Discussion – The Abuse of Power in Community Work

Introduction

Power is the capacity to do things. It takes power to lift your body out of bed in the morning. It takes power to turn the wheels of a truck or lift an airplane off the ground.

It takes power of a different kind to stop drinking or to keep a promise to a friend. The process of a community healing and developing itself takes a tremendous amount of power of many kinds personal, spiritual, political, social and economic. Power is a basic component of life itself.

But like fire, power can be deadly. The same power that the government, for example, has to protect people can be used to hurt the people. The army that is supposed to protect the Chinese people, killed thousands of students in Tianamen Square last year. The power that parents have to nourish and guide children can be used to hurt and abuse them.

The abuse of power in the human world occurs whenever someone (or a group of someones) uses other people in order to get what they want. A child sexual abuser gets what he wants by victimizing children. A crooked politician gets what she wants by using her position to further her personal desires or status.

The heart and soul of community development is the work of empowering the people. Empowerment is the process of setting up situations so that other people have access to power: power to change things, power to heal themselves, power to build a better future.

Where does the power come from that flows all around and in and through a community development process? Ultimately, say traditional Native elders, it comes from the Creator. From there it flows from within the hearts and minds of the people into whatever they think and do.

In the process of empowering people, the community development worker has power. And this is power given to her by the community through their trust. When people trust you and your opinions, you have power. This can be used for good or for selfish and negative purposes. When it is misused, it is very dangerous.

We asked three experienced community development workers to comment on the problem of power in community work.

Lori Maurum is an Assistant Professor of Social Work and Field Coordinator of Interior Campus Programs serving rural Alaska for the University of Alaska, Fairbanks. Prior to

joining the faculty in Fairbanks, Lori served as a community development worker and trainer in a variety of settings in rural Alaska for some twelve years.

Doreen Sterling is a Thompson Indian from Merrit, British Columbia. Doreen is now working as a program coordinator for the Hey-way-noqu Healing Circle for Addictions in Vancouver. Before taking her present job, Doreen served as Coordinator of the Spirit of the Rainbow Youth program.

Willy Wolf is a Lakota Indian from South Dakota who now works as a social researcher at the University of Colorado, Fort Collins, and as a community development consultant to Native communities across the United States.

Exchange:
When you are at all successful in community work, people begin to look up to you. In a way, they give away some of their power to you. Have you experienced this?

Lori:
It's so seductive, especially if you get into a position of power like I did. I got awards, recognition. I started thinking that I was hot stuff. People are starved for leaders and many of us also crave recognition and power.

Exchange:
It sounds like a perfect set-up for a dependent relationship. We need recognition. They need to look up to and depend on someone.

Lori:
That's it. We get hooked into the old co-dependency thing. Our self-esteem is defined by forces outside of ourselves: by our public, our fans, our groupies and followers.

We forget our spirituality. Oh, we continue to pay lip service to the idea that the Creator does it all but deep down inside we've stopped believing it. We start to act and think that we are doing it. Boy was I wrong. And did I ever crash.

Most people want to be well, and they are attracted to wellness. If you are someone who has sobered up, gone to treatment, maybe you have a job, maybe you can talk well, or maybe you take a little bit better care of yourself physically then people will try to give away their power to you.

Willy:
For me there is always the danger that my ego will circumvent the process. I need to be very conscious of this when I am working in a community. I need to continue to focus on my own healing issues and spiritual development.

The barometer to measure my spirituality is the quality of humility I have. If I am working my program, (my own personal development plan) I will be able to maintain that balance. Otherwise it's very hard.

Doreen:
What I've found is that if you're working with people in the addictions field, people look up to you as a kind of role model. Most people want to be well, and they are attracted to wellness. If you are someone who has sobered up, gone to treatment, maybe you have a job, maybe you can talk well, or maybe you take a little bit better care of yourself physically — then people will try to give away their power to you. Sometimes they do it sexually, sometimes politically.

No matter how it happens, if a community worker allows himself to fall into this trap, he is keeping the community sick. He is adding to the hurt and the dependency. I've seen some real pied pipers. People gather around them, and sometimes they completely forget what they're supposed to be doing, and use the personal power that people give them against the community. Recovering communities don't need to be used any more than they already have. The abuse has to stop with us.

Lori:
When people transfer a great deal of faith and trust and responsibility to one person, it's very hard for that person to remain humble and connected to the real process.

Exchange:
It's like a little switch clicks off in your head and you slide into the role of "leader" without even realizing it. You forget that you are supposed to be a servant.

Lori:
When you take on the role of "leader" you stop enlarging the circle. When that happens to community workers (it happened to me and lots of others) we get caught up in the web of thinking mostly about who we are (some even start talking about their destiny) and we forget who we are working for and what it's all about. The vision becomes clouded by personal interest and gain.

Exchange:
And when that happens, we tend to talk about our "vision", instead of following it. We try to sell it to others as a way of covering up our desire for leadership.

Doreen:
We become the one person who has the answers, the ideas, or the information everybody needs. Or, unless you hang around with me, unless you are into what I am into, then you are "not well".

Exchange:
You mean we become the measuring stick that tells the people if they are okay or not?

Doreen:
Even in spirituality. If you're not praying my way, you are not really well. Unless you pray my way, talk my way, think my way, and do what I'm telling you, you are not "well". You're not "in recovery". This way of acting makes the community sicker. It's not allowing people choices, when choices are exactly what people need to have.

Exchange:
How can we avoid the power trap?

Lori:
In this work, I don't think there is anyone that can't be affected by this problem of power. We need to continue to stay group centred. If you keep one person in the limelight, it's very likely that person's addictive patterns will be reactivated. It's a set-up.

Exchange:
We all crave recognition and validation. But is it a little like taking a recovering alcoholic to the bar? Leadership isn't bad, in itself, is it? Isn't there always a need for good leaders?

Lori:
I think what needs to happen is that leaders (i.e. people who are working for the healing and development of the people) need to check themselves out pretty regularly with other people. They need to ask other people how to re-centre themselves when they get off balance, how to tell when they're off base, how to humble themselves. Talk to people about how you are feeling inside; about the recognition you are getting. Talk about the seductiveness of the power. And question yourself — always question your role. Who are you? What are you really doing? What are you offering the people? Service? Abuse? Is this offering appropriate or oppressive?

Willy:
One of the areas I notice community development workers struggling with is the issue of human sexuality. There is no quicker way to destroy the level of trust and intimacy you have established in the community than to get involved in sexual misconduct. This is a

huge problem in our tribal communities. We see sexual acting-out taking many forms; pornography, sexual abuse and extra marital affairs, to name only a few. This issue needs to be addressed. It is very serious.

But, in order to assist communities effectively, you must have a healthy sexuality. I was unable to effectively do the work I am now doing (community development training) until I was able to gain some critical balance in this area of my own sexuality through a personal development process.

Exchange:
How does power come into it?

Willy:
One way is that when we create an environment (in a workshop, a meeting, or a support group) such as the talking circle where we make it okay for people to share, to open up about anything that is affecting their lives, people feel incredibly vulnerable.

Exchange:
If the circle is working, there is a lot of love and caring flowing around. Are you saying people sometimes interpret strong positive feelings as sexual feelings?

Willy:
Yes, and some vulnerable people become sexually attracted to facilitators because they need someone to love them. Their nurturing needs have not been met. As a community development worker, if you are not in a good space, if you are not centred, you may find yourself pulled in by someone who is very vulnerable. A lot of people are looking for someone to fix them. You are there to help people past dependency, not to feed it.

Doreen:
If you know you have power and control over people in a community situation, you can use it to help to free them, or you can abuse it. Instead of being the community's care-person, you can become a carrier of disease. Who of us wants to do that?

Willy:
I think of how the Sacred Pipe came to us. The White Buffalo Calf Woman approached two warriors. She was very beautiful, but her beauty came from her spirit, as all true beauty does. One of them had lustful thoughts. That one was turned to salt. The other was given the Pipe to take back to the people.

Exchange:
The "Pipe" could symbolize all of our efforts to support the healing and development of the people. If your thoughts and desires are not pure, the power to make a difference will leave you. Your efforts will "turn to salt". Someone else will be given the privilege of serving the people.

Willy:
I agree. Sacrifice is the key element in spirituality. In the old days people knew this.

Exchange:
You mean if anything gets in between us and pure-hearted service to the people, it should be sacrificed.

Willy:
Whatever it is — alcohol, money, political power, sex, public recognition, emotions, it can all turn you into salt if you are not careful. We have to heal ourselves if we want to heal the community. We can be most effective as community development workers if we learn to face our pain and to share this experience with others.

CHAPTER FIVE

RESPONDING TO ABUSE: COMMUNITY-BASED INTERVENTION ISSUES AND STRATEGIES

Part One – At the Time Of Disclosure

Introduction

The next two chapters focus on two primary sets of needs or requirements that arise as a result of sexual abuse disclosures. The first relates to restoring human well-being, and especially focuses on safety, security and healing for those who need it. The second refers to the practical components that need to be built into a community response *system* to ensure that both human needs and legal requirements are met. *This chapter concentrates on the needs emerging at the time of a sexual abuse disclosure.*

Part One – Factors in the Initial Response

Varieties of Disclosure

All sexual abuse disclosures are not the same. If the victim is a child, a whole set of safety, healing and legal issues must be addressed immediately. If the disclosure concerns abuse that is ongoing, the response needed is different than if the abuse happened in the past. If the abuser is a family member, different issues arise than if the abuser comes from outside the family.

How the disclosure happens can also make a difference in how it should be handled. For example, if the disclosure was "accidental", i.e. it somehow "slips out" (which sometimes happens with child victims who are under pressure "not to tell"). The victim may not be ready to reveal what has happened (or is happening), and special care is needed in finding out the whole story without forcing the victim to say or do things she is not ready for. If the abuse is "discovered" because others recognize the warning signs and uncover the abuse through investigation, other dynamics can be at play such as panic on the part of the abuser, denial and attempts at covering-up by the abuser's spouse or other family members, and direct pressure on the victim not to disclose, or to retract a disclosure already made (see Chapter Two, Part Four, section 4 which describes the "disclosure phase" in the process of abuse). All of these responses and conditions are issues that must be attended to by anyone coordinating intervention at the community level.

Who Needs What: The Varieties of Needs to be Addressed at the Time of Disclosure

In order to be clear about the many different types of needs and issues that can arise at the time of disclosure, we will look at the problem through the eyes of all the main players that become involved when a disclosure of sexual abuse occurs. It will become readily apparent that different players see the situation differently, have different needs and priorities, and call for different types of responses from the community sexual abuse intervention team (i.e. the response team).[33]

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[33]Response Team: This manual is written to help community-based teams to begin to develop the capacity to respond effectively to sexual abuse. The approach we are advocating is a team approach, described in some detail at the end of this chapter, and further in chapters 7,

The following individuals and groups all have needs and issues that have to be dealt with when a disclosure of sexual abuse occurs: (a) victims, (b) the victim's family, (c) the abuser, (d) the abuser's spouse and family, (e) the community, (f) child protection services, (g) the legal system.

Where to Begin?

The first level problem a response team must deal with is to find out what has really happened, and to make a careful assessment of the situation. A disclosure can come from many different sources. Some disclosures are accidental. Some are intentional. A disclosure can come from a victim, from a member of the victim's family, from a friend, a member of the community or a service provider who is familiar with the warning signs of abuse, from the abuser, from the abuser's spouse — in short, disclosures can come from almost anyone who has anything to do with the victim.

It is useful to think of disclosure in the case of sexual abuse as a *process that is not complete until all of the facts have come out in the open.* The disclosure process may begin with only hints or vague suggestions that abuse **might** have occurred (or be occurring). The process of bringing the facts out in such a way that there can be no doubt of what happened is critical for several reasons.

1. The victim's safety and well-being depend on removing the danger (if danger exists).
2. No one wants to accuse anyone else of sexual abuse if that person is not an abuser. It is important to move quickly beyond suspicion to get the facts clear.
3. Because sexual abuse is really the abuse of power, power is needed to right the wrong. The power[34] of the law and the combined will of the community can only be used to confront the abuser if the facts support such an action. Without the facts, the abuser may be allowed to go on hurting many victims.
4. The details of the abuse (i.e. the facts) provide important information to mental health professionals and other helpers working to facilitate the victim's healing process.

For all of these reasons, it is very important that the investigation of alleged sexual abuse be carried out with persistence, fairness, an honest search for the truth, emotional detachment (i.e. neutrality),[35] and respect for everyone involved as human beings (even the abuser).

8, and 9. When we use the term "response team" we are referring to a team of professionals and community members who coordinate and carry out the intervention and healing work within the community.

34 The abuser uses his or her power over the victim (authority, charisma, physical power etc.) in order to use the victim sexually, to meet needs that are often not sexual at their roots (see Sgroi, 1983:82).

35 It can be very difficult to remain emotionally uninvolved as one uncovers the details of sexual abuse (especially when the victim is a child or a relative). It is never-the-less critical that workers remain emotionally neutral so as not to influence the victims emotional state. Most

The following lines of action describe the important dimensions of attention and work that needs to be coordinated in an initial response. These guidelines reflect the hard-won experiences of may aboriginal communities across Canada. The work ongoing in Hollow Water (Manitoba), Alkali Lake and in other British Columbia communities has been particularly helpful in compiling these guidelines.

Initial Response Issues

1. **The safety, well-being, and healing of the victim has priority** over all other needs and requirements.

2. **An holistic (or systems) approach is needed** – it is not enough to focus only on the victim and the abuser. In order to understand what has happened and what needs to be done next, an in-depth understanding of the families involved (as in their history and current levels of wellness) and the circumstances surrounding the abuse is required.

3. **Coordinated and cooperative intervention is needed** between the following intervenors:

a) Those focused on *healing* (most often community workers and professional helpers).

b) Those focused on *child protection* (usually child and family services/social workers).

c) Those focused on a legal response (usually police, district attorney and officers of the court).

The coordinated response needs to be negotiated and planned jointly between the responsible groups. If agreements are not hashed out between these key players ahead of time, a power struggle can occur over how to handle already highly sensitive and potentially volatile situations. As the agencies push and shove, the focus on the needs of the victim can be lost, sometimes with deadly results.

4. **Community response teams sometimes need professional back-up**, because the problems they encounter require advanced professional training to address. Examples of this type of situation may include severely traumatized victims suffering from serious mental health problems, a particularly volatile situation involving potential violence, further abuse or tragedy, and situations where suicide (of victims, abusers, spouses or other community members because of re-stimulation of their feelings related to abuse) are real possibilities. In those types of cases, a specialized professional assessment may be needed in order to determine what the full extent of the problems are, and what needs to be done.

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times, victims can sense if a councilor is angry or is having other strong feelings. These feelings may come from the counselors own unresolved abuse issues, but the victim doesn't know that. The victim will feel that s/he is the reason for those feelings, and this reaction may well interfere with the disclosure or healing process.

5. **Validation: Confirmation of the abuse is a necessary part of the process of restoring balance.** This is because sexual abuse is fundamentally an abuse of power. For this reason an "infusion of outside support and strength on behalf of the weaker party" (Sgroi 1983: 88) into the situation is needed in order to restore the balance which was upset when the abuser used his power to sexually abuse the victim. **The investigation phase must collect accurate and indisputable information that validates the disclosure**, so that the power of the law and the united will of the community can be used to confront the abuser.

The Investigation Process

Once a disclosure of sexual abuse (or possible abuse) has occurred, it is of the utmost importance that there is no delay (not even a few days) in beginning the investigation process. There are categories of information that are needed immediately related to:

1. the victim's mental, emotional, physical and spiritual state of well-being, and the health related interventions required;

2. the protection and safety of the victim and others involved in the case;

3. obtaining accurate information that will help to determine if laws have been broken, and if so, what legal response is required.

The Facts

In aboriginal communities, the following facts about sexual abuse are important to remember:

- Over 90% of all victims are children or adolescents.
- Victims are both female and male.
- Most (but not all) abusers are male (over 90%).
- Most abuse takes place within the family. For example, the abusers are most often a parent or relative of the victim. (Harper et al, 1991; McEvoy, 1990).

In general, the two most common types of disclosure that occur are the following:

1. The victim is a child or youth.

2. The victim is an adult survivor of abuse who has disclosed as a part of a healing process.

Most disclosures are of the first type (i.e. children or youth). There are other kinds of sexual abuse that can occur between adults or youth such as sexual assault, date rape or sexual harassment, but most community intervention focuses on child victims and adult survivors.

First Contact

The first contact a community resource team has with a victim of sexual abuse is an **extremely important** and sensitive time. If it is handled well, the victim can be protected from further abuse and placed firmly on the path to recovery, and the information gathered will empower the community and the law to confront the abuser, thus interrupting the cycle of abuse. If, on the other hand, the initial intervention and investigation are not handled properly, the results can range from useless to disastrous. The victim may be subjected to further sexual and physical abuse (or worse). There may be an attempt to cover-up the evidence by the entire family. The emotional explosion that follows disclosure may cause serious harm to the abuser and his/her family or to others close to the victim. The victim may be so traumatized by the aftermath (the reaction of those around her) of the disclosure that she may retreat into psychosis.

WARNING

Because of the sensitive and possibly explosive nature of the "panic-disclosure" phase of sexual abuse, we strongly recommend that community response teams receive in-depth training before attempting any interventions or investigations.

Goals of the Initial Intervention

At the time of disclosure, the community response team must work together to achieve the following goals:

1. **Fact Finding** – To find out what has actually happened in as much detail as is possible (without putting pressure on the victim).

2. **Impact** – To assess the mental, emotional, physical, and spiritual impact the abuse has had on the victim.

3. **Protection** – To assess the victim's life situation and determine what must be done to insure safety and protection from future abuse or trauma.

4. **Validation** – To gather the specific kinds of data needed to prove or disprove in court that sexual abuse has taken place.

5. **Healing** – To begin the healing process by acknowledging and supporting the victim's feelings, and by developing a healing plan appropriate to the victim's needs.

6. **Family System and Social Support** – To determine the wellness levels and capacity of the victim's family and social support network to provide constant appropriate

support, both to help the victim through the disclosure phase, and to support a viable healing process.

7. **Reaction Response** – Based on the facts gathered and the team's general knowledge of the victim's family, the abuser and those closest to the situation, to anticipate and prepare for the likely responses to the disclosure of abuse (always remaining open to other possible responses) by the abuser, the spouse of the abuser, the family members of the victim, and the victim herself.

Note: Anticipation is not the same as prediction. To anticipate means (in this context) to be prepared for a range of possible responses. It is never possible to predict for sure what will happen, but it is often possible to guess the most likely responses based on life-long relationships with the people involved within the extended family and community system.

The overall purpose of the initial investigation and interview(s) is to determine how the response team should respond to the disclosure (or pre-disclosure evidence) or sexual abuse.

Part Two – When The Victim Is A Child

The process of investigating possible sexual abuse requires different knowledge, skills and methods if the victim is a child (or youth) than if the victim is an adult. The following are some of the important knowledge and skills needed to work effectively with children through the disclosure process.[36] It is important to know how to:

1. *Win trust* and establish a working relationship with a child;

2. *Assess the child's developmental level* and ways of making sense of the world in terms of concepts of numbers, time, manner of seeing and describing older people, assumptions about what other people know or don't know, beliefs about what is bad or good, understanding of causal relationships (i.e. what causes what), knowledge or beliefs about their own bodies and sexuality;

3. *Help a child victim to fully describe* what really happened in detail;

4. *Avoid forcing children to tell* things they aren't ready to tell, or that they don't believe;

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36 We cannot overstress that learning how to be effective in doing all the things listed here requires considerable training and supervised practice. A usual training period of about two years, followed by supervised field coaching for at least another year, is required before attempting to intervene in child sexual abuse cases without professional help.

5. *Avoid, in any way, influencing the content of what the child tells you* (in order to hold up in court, the information must come from the child without leading, prompting or suggesting through the way questions are asked)[37];

6. *Assess the impact the abuse has had* on the child's mental, emotional, physical and spiritual well-being;

7. *Assess the protection needs of the child* (from further abuse, from retaliation, punishment, or attempts to get the child to retract (i.e. say she lied about the disclosure of abuse);

8. *Plan for and begin the healing process* with the child; and

9. *Assess the family and community support* the child now has.

Following is a checklist of information to be gathered during the first interview prepared by the Metropolitan Toronto Chairman's Special Committee on Child Abuse (1983):

- chronological age
- family relationships
- cultural/social background
- name of the offender; his present location
- the relationship of the child to the offender
- the duration and extent of the abuse
- what happened in detail, when it happened, where, and how often
- date/time of last occurrence; likelihood of physical evidence
- names of anyone else having knowledge of the abuse
- names of anyone else involved in or observing the abuse
- whether the child has been bribed, threatened and/or physically harmed at any time
- whether the child as been bribed or threatened to either take part in the activity or to keep the activity secret
- names of anyone the child has told in the past and what happened
- if the child has not told the non-offending parent(s), is she able to say why
- child assessment of current situation and what should happen next, e.g. does she have support, is she safe at home, etc.

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37 Even questions like, "Did your father touch you in your private parts?" will be taken by a good defence lawyer as planting ideas in the child's mind. Instead you must say, "What happened? (He touched me.) Where did he touch you? (In my private parts.)" The difference in the way the information comes out can determine whether or not an abuser will be stopped or allowed to go on abusing.

Basic Guidelines For Interviewing Children

Preparation

1. Pick a *neutral location* (i.e. away from where the alleged abuse took place), that is private, quiet and comfortable for the child.

2. If the child is very young, have toys on hand. As well, have paper, colored markers, and an anatomically correct drawing of a boy or girl for the child to point at.

3. If possible, use a team approach (e.g. police and child welfare) and work out who will play the lead role in the interview. Agree on your plan of approach before the interview.

4. Arrange seating to be non-threatening. A circle feels safer than adults towering over a child, or two adults facing the child. If there are several adults, one could sit beside the child, and one across (or both beside).

5. Some communities assign an ally to the child who is not too closely related (to avoid possible attempts to influence what the child says). Seat the ally behind the child, out of direct view: A parent who has carried out, hidden, or ignored the abuse should not be present.

6. Use a voice-activated tape recorder or video camera to record the interview.

Getting Started

7. Explain your roles to the child in simple terms ("My job is to help kids who might be having problems.") Tell the child you have spoken with other children with problems.

8. Spend time visiting with the child to let them get to know you and your team. Find out about his/her life — school, friends, favorite things to do.

9. During the conversation, move to assessing the child's level of development:

    - Ability to identify colours and shapes.

    - Ask the child to tell about his/her daily routine (What do you do when you get up? Then what? Then what? When you come home from school?). Ask about bathing, dressing, etc.

    - Ask for the child's recollection of important events (your birthday, Christmas, Halloween, Easter, a special trip).

- What jobs and responsibilities does the child take on at home?

Note: The framework of daily routines and special events gives the child reference points from which to describe events related to abuse. Young children may not know that abuse occurred on Thursday, September 19, at about 2:30 p.m. They would more likely recall that "I just got home from day care. Mommy had to go to work. Uncle Jack came in my room again," etc.

10. Tell the child that "we are only going to talk about what really happened, not play or pretend talk."[38] Explain that it's okay to say "I don't know."

11. Move from the very general to the particular. Move slowly but steadily with questions that build on what the child tells you. Start from what everybody knows.

"We heard you have been feeling upset about something? Is that true? Has anyone made you feel bad lately?"

If that doesn't work, try:

"We heard that you have a sore bottom? How did that happen?"

12. If the child begins to describe, *just* listen, don't interpret until the child stops talking.

13. Repeat what you heard the child say, using the child's own words. Ask to clarify the meaning of the child's terms (such as "my thing").

14. Try to get the details of what happened. Try to learn how the abuser progressed from first initiating the process through all the steps that occurred (e.g. watching me, promising rewards, touching me with my clothes on, taking his pants off. I took my pants off. He touched his thing. Then I touched it, etc.) If the child is having some difficulty putting what happened into words:

    a) Have the child draw a picture of how the sexual abuse happened (or where).
    b) Ask the child to point out parts of his or her body that were violated.
    c) Make a game. The interviewer points to parts of her own body, and the child says "yes" or "no" if the problem concerns that part.
    d) If you have been trained to do so, use anatomically correct dolls, and ask the child to act out what happened.

15. Ask the child why he/she is disclosing now. (Sometimes this question reveals what the child wants to have happen next, or something about the family situation.)

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38 The suggested wording for this introduction and some of those to follow are adapted from McEvoy (1990) and from Sgroi (1983).

16. Ask the child what he/she thinks will happen and how will her family members react as a result of the disclosure.

17. Thank the child for being brave and honest. Assure her/him that what happened is "*not* your fault", and tell him/her that "I believe you".

Afterwards

18. Assess what the impact of abuse has been on the child's well-being (physical, emotional, mental, spiritual). The following checklist of possible signs of abuse may help:[39]

    a) overly compliant behavior;
    b) acting out, aggressive behavior;
    c) pseudomature behavior (i.e. too old or his or her age);
    d) hints about sexual activity;
    e) persistent and inappropriate sexual play with peers or toys or with themselves, or sexually aggressive behavior with others;
    f) detailed and age-inappropriate understanding of sexual behavior (especially by young children);
    g) arriving early at school and leaving late with few, if any, absences;
    h) poor peer relationships or inability to make friends;
    i) lack of trust, particularly with significant others;
    j) nonparticipation in school and social activities;
    k) inability to concentrate in school;
    l) sudden drop in school performance;
    m) extraordinary fears of males (in cases of male perpetrator and female victim);
    n) seductive behavior with males (in cases of male perpetrator and female victim);
    o) running away from home;
    p) sleep disturbances;
    q) regressive behavior;
    r) withdrawal;
    s) clinical depression;
    t) suicidal feelings.

1. As soon as possible, arrange for a complete medical check-up. Ask the doctor to assure the child she/he is "okay from head to toe". Tell the child this will happen.

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39 Taken from Sgroi, Suzanne, "Handbook of Clinical Intervention in Child Sexual Abuse," Lexington Books, Massachusetts, 1982. See also the section on the impact of sexual abuse on victim in Chapter Two of this manual for a further discussion on these issues.

2. Assess the degree of risk regarding the need for intervention to protect the child from further abuse or trauma, or from attempts to get the child to retract the disclosure.

3. Suzanne Sgroi suggests the following areas to consider in this regard:[40]

   a) The child's own assessment of what is likely to happen when everybody hears about the disclosure.
   b) History of violence, threats or force used in the abuse pattern or in the family.
   c) Presence of a functioning ally – Someone who is capable of supporting or even protecting the child through the "panic-disclosure" phase and beyond. (Look at how the person acted when they learned of the abuse. Do they express support or hostility toward the child? What has the individual's past history of relationship with the child been? Does he or she believe the child? Is she/he likely to try to undermine the child's credibility? *Is the person focused more on the child's needs or on the disruption caused by the disclosure?*)
   d) Local resource capacity – Are local agencies ready and able to provide help and support if needed? (such as counselling, safe house/shelter, food, money, a foster home, a support group, etc.?)

Legal Requirements

If you have reasonable evidence that child sexual abuse has taken place, you are *obligated by law* to do the following:

1. Report the situation to the police, or to an officer of the court, and

2. Report the situation to the child protection services agency in your area. Unless your team has made an agreement with these two agencies as to how child sexual abuse cases will be handled, the agencies will probably undertake their own separate investigations.

Note: This manual is written for community response teams that include representation from the legal and child protection agencies. The approach we are proposing is an integrated and coordinated response involving community workers, the legal agencies and the child protection agencies responsible for dealing with cases of child sexual abuse.

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40 Sgroi, Suzanne, "Handbook of Clinical Intervention in Child Sexual Abuse," Lexington Books, Massachusetts, 1982, pp. 92-96.

Recycling Trauma

Every time a child victim has to tell his or her story over again, the pain connected with the abuse is experienced all over again. For this reason, we strongly recommend that the initial interview, investigation, and response be carried out by a *Team* consisting of representatives of all the necessary agencies (usually community mental health, police/courts, and child protection). *In this way, the child only needs to tell his/her story once.* Further interviews may be needed to dig deeper or to get further clarification, but at least the child doesn't have to experience being interrogated over and over again. If further interviewing of the child is needed after the initial interview, it is usually best if the same interviewers (who have already established trust with the child) continue the disclosure process.

Part Three – When the Victim is an Adult

The most important differences between when the victim is an adult and when the victim is a child are:

1. Most adult disclosures concern abuse that happened years ago when the victim was a child or youth.

2. Therefore the traumatic and developmental impact of the abuse, as well as the subsequent life-long consequences of those impacts, are *combined* in terms of what has to be dealt with in the healing processes.

3. There is no time limit concerning when an abuser can be prosecuted for child sexual abuse. Even if thirty years have passed since the abuse took place, the abuser can be charged. The difference between an adult disclosure and that of a child is that an adult victim must *choose* to report the abuse to authorities and to press charges. A child victim does not have to choose. Child sexual abuse is always reported to legal authorities, and charges are automatically laid if the circumstances warrant a legal response.

Part Four – Summary Chart

A summary chart of the information presented in this Chapter can be found on the following pages.

Summary Chart Chapter 5

Abuser	• panic • fear of going to jail • fear of family anger • fear of loss of spouse and family • fear of loss of respect in the community • feeling low, dirty, worthless shame and guilt

	• anger at those who disclosed, especially the victim • blaming the victim for causing trouble • denying the abuse happened or that it was serious • depression • suicidal feeling • justice and fairness • to be related to as a human being in need of healing • to be confronted honestly and factually with the disclosure • to be encouraged to admit to all aspects of abuse with this victim • to admit to all cases of abuse with previous victims • to know that abusers are not born, they are made, and that the cycle can stop, and that healing is possible • to be told all the legal and healing consequences and alternatives s/he faces • to be protected from self and others (suicide or violent reprisals)
The Victim's Family	• can be very mixed set of feelings, depending on who the abuser is • if the abuser is a family member, some may deny and cover-up the abuse • siblings of the victim may also have been victimized or may be aware that the abuse occurred, their feelings can range from relief and support of the victim to fear, denial and anger at the victim for exposing their own pain or for "breaking up the family" • extended family members responses may also vary from support and sympathy to disbelief, denial, fear of their own abuse stories getting out or shame for the family's good name and a strong need to know the facts • to be given the opportunity to talk about their feelings to be supported in dealing with their feelings • to be told how they can best support the victim • to be encouraged to bring out (i.e. talk about) everything they know related to the cycle of abuse within the family system, and to begin their own healing process • to be told how to protect the various people involved from tragedies (such as suicide or violent attacks) • to be encouraged to participate in the process of restoring balance (legal and healing) • to be told what to expect • deny, cover up and protect the abuser • if the abuser is someone outside the family, members may rally around the victim and offer sympathy and support • restimulation of hurts from other undisclosed abuse within the family • the process of restoring balance continues
The Spouse of the Abuser	• shock • protective of the abuser • unable to accept the truth of the disclosure, disbelief • denial, cover up • fear of loss of marriage, security etc. • anger at the victim for lying, "causing trouble" • anger toward and blaming of the victim for seducing the abuser and causing the abuse • anger, rage at the abuser

	• feeling of rejection, violation and unworthiness • blaming self for being inadequate spouse (sexually or otherwise) • loss (similar to the grieving cycle) depression suicidal feeling • need to know the facts of what really happened • an ally to support and stick with the person through the process • opportunity to talk about feelings • to be told what to expect regarding legal and healing process • to be told that restoring balance (healing the situation) is possible, but that it will take time • to be assured to community practical support regarding family survival and support needs (money, counselling etc.) • in the case of incest, to be told how to support the victim without rejecting the abuser as a human being who can heal in time • to be told that abusers are made, not born • to know how to support the abuser through the healing process
The Abuser's Family	• if the abuser and the victim are within the same family (incest), see the section of the chart (above) concerning the victim's family • if the abuser is from a different family than the victim, that family may experience any or all of the following • shock • disbelief and denial • need to cover-up • need to protect the abuser • anger at the victim • belief that the allegation of abuse is an attack by the victim's family • need to protect the family's good name • fear of retaliation against the abuser or other family members • fear of family break-up • anger at the abuser • rejection of the abuser • stimulation of hurts from other undisclosed abuse • an ally to support and stick with them through the process need to know the facts of what really happened • opportunity to talk (i.e. to process) their feelings • encouragement to do their own healing work • to be told what will likely happen • to know that healing is possible in time • to know that abusers are made, not born, and that the abuser is still the person they love • to know how to support the abuser through the healing and legal process • to know how to protect the abuser from self-destructive tendencies
The Community	• news of the abuse disclosure can restimulate may people's hurts from undisclosed abuse • people need to talk about their feelings in constructive healing environments • people need to know where they can turn for help in dealing with their own abuse • sometimes one disclosure can trigger other disclosures (5, 10, or even 20 such disclosures have been know to occur)

	• sometimes disclosures stimulate buried hurt, shame • to have clear communication opportunities to talk about feelings • encourage individuals • feelings to come forward and seek help from the team • community wellness watch — everyone needs to be on the lookout for individuals (especially youth) who may be unable to cope with their feelings and who need help • clear information about what really happened concerning the abuse • extra energy put into guilt around abuse issues, and in those who are hurting, suicide • sometimes such suicides occur in bunches (like an epidemic) or in a chain) • at the time of disclosure, strong feelings of hurt or anger make people open to rapid changes towards violence, towards community healing or towards denial and cover up • prevention and information about sexual abuse, because the time of disclosure is a time of opportunity as well a danger for the community • the team must be prepared for a series of (copy cat) disclosures and for a wave of other traumatic responses across the community; the community needs to be told the process that will be used to restore balance
Child Protection Services	• Child Protection Services is mandated by law to take specific steps to make sure the victims of abuse are protected from further abuse, that they obtain therapeutic help as needed, and that legal steps are taken to confront the abuser • Child Protection workers need to know what has really happened and what the victim's family situation is, in order to do their job • sometimes it is necessary to place child victims in a safe house to protect him or her from further abuse • all disclosures of possible child sexual abuse must (by law) be reported to Child Protection Services • Child Protection workers should be included as actual members of the response team
The Legal System	• the police and the court are required by law to investigate all reported disclosures of possible child sexual abuse • police and court officers need to know what has really happened so they can do their jobs • all disclosures of possible child sexual abuse must (by law) be reported to the police or an officer of the court who has assumed the responsibility of dealing with abuse • the police and court representatives should be included as active members of the response team • sometimes (depending on prior agreements between the community and the courts) it is necessary to arrest, charge, and hold abusers in custody until the court decides what to do with them

Summary

In this chapter we have explained that when a disclosure of sexual abuse occurs in a community many people are affected, and there is a wide range of needs that have to be addressed. Victims, the victim's family, the abuser, the abuser's family, the community at large, child protection agencies, mental health services, and the legal system all have needs and issues or responsibilities to deal with. The Response Team is the community-based group that is trained and ready to involve all of these players in working together to prevent further harm and abuse, to begin the healing process, and eventually restore balance to the lives of everyone involved.

The process of *response* at the time of disclosure should begin with a careful assessment of the situation by the Response Team. The initial assessment process seeks to uncover the facts about what really happened, who was involved, and how those involved were affected.

Key issues that have to be taken into account include the following:

1. Insuring the victim's safety by removing any danger that may exist.

2. Beginning the healing process with the victim.

3. Helping the victim's family to deal with the disclosures.

4. Insuring that the facts are crystal clear, so that the *suspicion* of abuse can be removed if it is unwarranted.

5. Involving the legal system and child protective services (as required by law) so that the power of the law and the continued will of the community can be used to confront the abuser, and stop further abuse.

6. The facts must be gathered in such a way that they can serve as evidence in court.

7. Mental health workers need clear guidance as to how to help all those in need who are affected by the abuse or the disclosure.

In order to balance and harmonize the sometimes very different needs of the professional agencies involved, it is very important to involve legal, child protection and mental health representatives in the work of the Response Team.

CHAPTER SIX

RESPONDING TO ABUSE: COMMUNITY-BASED INTERVENTION ISSUES AND STRATEGIES

Part Two – The Healing Process and the Formation of a Community Response Team

The Role Of The Community Response Team In The Healing Process

The role of the Community Response Team in the healing process will depend a great deal on community realities and conditions. In smaller and more remote communities, professional therapists may not be available more than a few days a month, if that. In other communities, well-trained psychologists and counsellors are more readily available. Still, the reality of most aboriginal communities is that the community must find ways of healing itself.

What this means in practice is:

1. The sexual abuse response team and most community workers who have any training and responsibility to help with healing are *the same people*.

2. The need for healing (i.e. the case load) in most aboriginal communities at this time is many times greater than what most community teams could ever actually handle without help. Not only sexual abuse, but alcohol and drugs, family violence, grieving issues and troubled youth take up the full attention of the workers. There is only so much a few people can do; only so much time, and only so much burden these people can carry, no matter how well intentioned they may be.

3. Therefore, the *only* viable approach to dealing with the healing needs related to sexual abuse is a community-based approach. (Don't forget that these needs extend to victims, abusers, the victim's families, the abuser's families, and sometimes the larger community.) Put in somewhat simplistic terms, the community must become a healing place, and the members of the community (i.e. non-professionals) must become co-counsellors and mutual supports to each other. (See Chapter Seven which describes this dimension in more detail.)

What all of this implies is that the Response Team *must not view itself as the provider of healing services, but rather as the coordinators and facilitators* of healing processes.

- **Coordination** – The coordination role of the Response Team relates to bringing together people who have needs for healing with the appropriate (available) people who can help them. In some more severe cases, advanced professional help may be needed, such as a psychologist who has specialized in dealing with the victims of abuse, or a forensic psychologist, trained to assess the risk factors and facilitate recovery processes of abusers.

- **Facilitation** – The facilitator role of the Response Team refers to engaging community members in the process of healing. What this means in practice is that community volunteers must be helped through the following process:

  a) addressing their own abuse issues and other healing needs;

  b) learning basic counselling skills and how to run support groups;

c) becoming actively involved in working (with the Response Team's help) with victims and others connected with the abuse process as allies or as facilitators of support groups.

The Most Pressing Needs

The two most urgent healing needs are usually those of the victims and those of the abusers. Most other reactive-responses to abuse come from the reactor's own history of abuse, neglect, or other trauma. While reactive responses in the families across the community can be serious, they are hard to predict, and can really only be dealt with as they occur (except through community-wide awareness and wellness-development efforts as outlined in Chapter Seven).

This section will focus on the general pattern of needs related to the healing of victims, and particularly child victims. It will also briefly discuss healing issues and the recovery process common to many abusers.

Part One – The Victim's Healing Issues

Children

When the victim is a child (as is the case 90% of the time), the following healing issues are common for almost all victims:

1. Guilt

- Children need to be told over and over again that "it's not your fault", that adults are responsible for what they do to children.
- If the abuser is the child's father or other significant person, the child may feel both angry and betrayed as well as sympathetic and caring for the abuser. These conflicting feelings can create guilt.
- Children are sometimes angry with their mothers or other non-abusing family members for not listening to them when they tried to tell, or for not protecting them. These feelings also can cause guilt.
- If the abuser is charged by the police or goes to jail, the victim may see this as "my fault." She or he needs to be assured that it is not.
- Sometimes the sexual experience is physically pleasurable, and the victim may have enjoyed it and looked forward to it despite other, more negative aspects of the abuse. This can arouse strong guilt feelings later when the disclosure seems to "cause" pain and trouble to the family.

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2. *Fear*

Child victims may be afraid of many things. Here are some examples:

- of the abuse happening again;
- of being helpless to protect themselves;
- of retaliation by the abuser for telling;
- of rejection by the abuser, the spouse of the abuser, and other family members;
- of not being believed;
- of "causing trouble" by telling;
- of being labeled (stigmatization) as having a bad reputation, or being low or dirty;
- of being damaged goods in that the abuse somehow permanently ruined the victim's body;
- of being pregnant, or about sexual myths they have come to believe concerning what would happen to them;
- of being alone with an adult (male or female);
- of bathrooms or showers;
- of going to bed or to sleep;

Not all victims are afraid of all of these things, but most victims are afraid of something. Often the fear is expressed in sleep disturbances (nightmares, fear of sleep). Dealing with fear is an important healing issue.

3. *Low Self-Esteem*

- Most victims develop very bad opinions of themselves. They can feel no good, dirty, damaged, powerless, stupid — like nothing good could ever come from them. They do not believe in their own goodness, capacity and worth.
- In abusive homes children's feelings and needs are often neither considered important, nor even noticed.
- Abused children sometimes shut off their feelings (numbness).
- If you feel bad about yourself, it is hard to love or trust anyone else.
- Low social skills often are a part of poor self-esteem. The child doesn't know how to make or keep friends or end failed relationships and this leads to even lower self-esteem.
- To overcome these feelings of low self-esteem, abused child victims need a lot of love and nurturing, encouragement in believing that they are okay and good, recognition for their good qualities and accomplishments, and a sense of pleasure or satisfaction for achieving small goals (all aimed toward recovering a sense of self that is good, capable, and worthwhile).

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4. ***Damaged Goods***

- Victims need to know that, "I am physically, and in every other way, okay, and not damaged goods".
- A competent medical doctor should examine the child and say, "I have carefully examined you from head to toe, and you are just fine."
- Children (and especially pre-adolescents and adolescents) want to know if they have been damaged, diminished, or devalued in any way.
- Some children are worried that other people can somehow tell they have been abused just by looking at them.

5. ***Depression***

- Signs of depression include feeling sad, withdrawn, subdued, tired much of the time, or chronic sickness (colds, flu, etc.). Extreme depression can lead to suicidal feelings and attempted suicide.
- "Many victims can be helped through opportunities to ventilate their feelings and as they perceive they are believed and supported." (Porter et al; in Sgroi 1983:119) Some depression can be serious enough initially to require hospitalization, followed by a course of professionally supervised therapy.

6. ***Anger and Repressed Hostility***

- Although on the outside, many child victims appear to be passive, most of them are "inwardly seething with anger and hostility" (Ibid.: 120). They are angry at the abusers, parents, and other family members for either failing to protect them, or even for somehow cooperating to allow the abuse to happen (looking the other way, etc.).
- Because they have been victims of a violation involving power, they have had to stuff the anger inside of them so it doesn't show. If not brought out, this anger can eventually cause physical sickness, rage, serious depression, violence or suicide in later life.

7. ***Impaired Ability to Trust***

- Victims of sexual abuse have been violated, usually by someone in a position of trust (e.g. a parent, a sibling, a close relative, or a family friend). This betrayal makes it very hard for some children to believe it is safe to trust anyone. Often promises made to the victim were broken. Sometimes the entire family turns against the victim, showering her with hatred and rejection for "telling lies" about Dad (or whoever). In such a case, all the people in whom the victim has trusted have (in the victim's eyes) broken that trust. The victim is alone and learns that to trust anyone is painful and dangerous.

- Successfully healing an inability to trust is usually linked to improving the victim's self-esteem. Group work is often helpful in helping the victim learn to give and take support and gradually trust again.

8. *Distinguishing Between Affection and Sexual Behaviour*

- Children who have been sexually abused are often "old for their years" in sexual matters. They know too much. They often respond sexually (i.e. seductively) at young ages.
- Confusing sex with affection is common, especially between female victims and men in general. These victims need to learn that men can be affectionate without sex.
- Learning the difference between affectionate and sexual touching is important. (Some male abusers really don't know the difference.)

9. *Blurred Boundaries and Roles*

- Healthy families and societies have clear boundaries and roles that describe appropriate and not-appropriate sexual behavior. These roles and boundary rules also describe the important differences between an adult and a child. Sexual abuse of children violates these normal roles and boundaries needed to keep people healthy. When this blurring of roles and boundaries occurs, the child victim is confused and becomes unable to tell what is or is not appropriate.
- Dealing with this problem involves teaching and reinforcing what the proper boundaries are (best reinforced by a non-abusing family member), as well as teaching and encouraging age-appropriate social and peer behavior.

10. *Pseudo-Maturity and Uncompleted Developmental Tasks*

- Victims of abuse (especially if it goes on over a long time) often become preoccupied with sexuality and the abuse relationship. In father-daughter incest, the victim may end up taking over many of the roles of the spouse (housekeeping, parenting other siblings, and general family caretaking, on top of the role of sexual partner). This sometimes happens in alcoholic families as well, even if no sexual abuse is occurring. The consequence for the victim is they don't go through the normal processes of growing up, such as having close friends. "She is eleven going on thirty," describes such children. (Porter et. al.: 125).
- Providing the space (physical, time, interest, permission, etc.) for the victim to experience being a child/youth her own age, and encouraging and rewarding age-appropriate ambitions, interests, and activities, can help. Positive peer pressure, role play and peer group support all can help. Most of all, the victim must be allowed to give up the burden of adult responsibilities, while still being encouraged to fulfill chores that are age-appropriate.

Self Empowerment: The Overriding Issue

Sexual abuse involves the abuser using power over the victim to meet sexual and other needs. The child does not choose to be abused (he/she may be convinced to cooperate, but will later feel betrayed, tricked, and violated). Most often, victims are left feeling that they can never have mastery and control over their lives, their bodies, the world around them, their present circumstances, or their future. They are victims: passive and helpless. Victims do not do. They are done to. We believe this overriding feeling (however unconscious) of powerlessness is the most critical and over-arching healing issue. The reason it is so important is that a human being has to *choose* to enter into, work through, and complete the healing process. At the core of this choice is volition (i.e. will-power). The more severely traumatized a victim is, the more impaired their volitional capacity (sense of agency, ability to choose, decide, and have an effect) is likely to be impaired. If you believe that you are powerless and that choosing wellness can never make a difference, then you will remain trapped in the prison of hurt that sexual abuse can bring.

Peer support, role plays, positive peer pressure and opportunities to test and experience a sense of self-empowerment, and mastery all can help. Wellness challenge programs such as Rediscovery[41] or Outward Bound[42] have been shown to help some older children and youth a great deal. Sports activities, the arts — indeed anything that coaxes the child to explore and feel and believe in their own sense of agency — can help.

Adult Issues

Adult survivors who have not yet gone through healing processes have all the same feelings and issues as child victims, because most survivors *were* child victims. As children, survivors learned in the best way they could how to cope with life, but many entered adulthood with handicaps and scars.

Most adult survivors still carry guilt, fear, low self-esteem, a feeling they are damaged goods, depression, rage and repressed hostility, great difficulty in trusting others, problems in their own attempts to find affection and healthy sexuality, a difficulty with boundaries and roles (which can lead to becoming an abuser), uncompleted developmental tasks, and a general sense of powerlessness.

On top of all this, adult survivors have to deal with the consequences of their own dysfunctional thinking, feeling, and behavior. In other words, there are two layers (at least) of issues. The first relates to the stored up feelings from childhood abuse. The

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41 Rediscovery is a wilderness-based education and self-development program for youth with roots in aboriginal culture. Rediscovery aims to empower youth to discover and celebrate the world within them, the world between cultures, and the natural world. Rediscovery International (with over thirty camps world wide) is based in Vancouver, British Columbia.

42 Outward Bound is another international outdoor education program with early roots in survival training of the American military. One of the strengths of this program is its ability to challenge young people to push the outer limits of their confidence and comfort zones in order to build self-esteem and self-mastery.

second relates to un-learning and re-learning how to be a balanced, healthy, happy human being.

Extreme Cases[43]

Sometimes victims respond to abuse with more extreme psychological responses. Usually this happens when victims have been severely traumatized, when abuse lasts a long time, when the aftermath of disclosure is particularly painful, when a victim has been victimized by more than one abuser, and to victims of ritualistic or bizarre abuse. (Harper et al 1991:141)

1. Disassociation

This is a kind of amnesia (forgetting) in which the victim mentally and emotionally relocates to somewhere safe while the abuse or pain is happening to the body. So a victim may experience themselves in another room, outside, asleep — anywhere but in the body and in the pain. When the hurt from the abuse is re-stimulated (perhaps as an adult while having sex with a spouse), the victim may, figuratively, leave the body and travel with mind and emotions to the safe place.

2. Multiple Personality Disorder (MPD)

This is a condition in which two or more (sometimes dozens or more) personalities exist within the same individual. One personality may be invincible from hurt, another angry and raging about the abuse, another in complete denial that the abuse happened, and yet another is the victim. Changes from one personality to another can occur suddenly. Some studies have show that many cases of MPD are incest victims. By being someone else other than the victim, the victim can avoid having to directly confront the trauma of the abuse.

3. Post Traumatic Stress Disorder (PTSD)

PTSD can occur when a person experiences a very distressing event that is outside the range of anything ever experienced before. The event would most likely be distressing to almost anyone. Events like witnessing a brutal murder, seeing a loved one killed in an accident, a serious threat to one's life or to one's family members, etc. Children living in war zones often suffer from PTSD.

Some of the symptoms include flashbacks and dreams causing the continual re-experiencing of the traumatic events; intense emotional pain at being exposed to the news of similar events (including anniversaries of the trauma); avoidance of anything to do with the trauma (talking about it, etc.); constantly being nervous, on edge, or uptight, thus

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[43] These descriptions have drawn heavily on (Harper et al:1991).

leading to unpredictable outbursts of anger or weeping, difficulty sleeping, grumpy, and an inability to concentrate.[44]

We share descriptions of these more extreme traumatic responses to alert community response teams that they can occur. If you suspect that an extreme traumatic response is occurring with someone, it is important to *get advanced professional help* to assess and work with the victim. Under the guidance of a trained therapist, a community team may be able to help once the initial healing work has been accomplished. It is sometimes necessary to hospitalize victims with extreme traumatic responses.

Part Two – The Healing Process

An in-depth description of all that is entailed in the healing process for sexual abuse victims is beyond the scope of this manual. As stated in the introduction, learning to be a therapist specializing in treating sexual abuse victims takes years of training.

What we will describe is only the bare-bones outline of steps and stages of healing that most people go through. We will also mention some of the things community response teams can do to help the process along.

Children

Healing goals and steps for children include:

1. Feeling safe from further abuse or trauma;

2. Being believed regarding the reality of the abuse;

3. Acknowledging feelings connected to the abuse, and venting negative emotions;

4. Knowing the abuse was "not my fault", and that adult abusers are responsible for their own actions;

5. Knowing that the adult world considers the abuse wrong, and a violation of proper boundaries;

6. Knowing that she/he is not damaged goods, and is okay physically, and in every other way;

7. Learning age-appropriate expressions of affection, and learning to be assertive and to say "no" to inappropriate expressions;

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[44] These descriptions have drawn heavily on (Harper et al: 1991).

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8. Strengthening the child's self image and self-esteem;

9. Strengthening the child's sense of self-mastery and agency (empowerment; volitional development);

10. Receiving adult support in dealing with anger and hurt;

11. Learning how to communicate needs and feelings with words;

12. Helping the child to learn positive means of coping with the abuse so that negative patterns can be replaced with positive ones.

Sources: Sgroi (1983, 1980); James, B. and Nasjleti, M. (1983); McEvoy (1990)

Adult Survivors

The adult survivor's healing journey must deal with most of the same issues, but usually takes a somewhat different course. In "Vulnerable Populations", Vol. II, Suzanne Sgroi outlines the following stages of adult survivor recovery:

1. ***Acknowledging the reality of the abuse.***

   - This stage involves overcoming protective denial the survivor has used to live with the abuse up till now. This process usually involves *recovering memory gaps*, acknowledging other coping mechanisms such as disassociation, excessive caregiving, busyness, distracting behaviors (such as substance abuse, eating disorders and self-mutilation), emotional blacking, or numbing, etc. Sometimes adult survivors reframe the abuse. The most common mechanism is denial and avoidance, i.e. pretending the abuse never happened.
   - One of the first steps an adult survivor can take toward healing is to break through the self-protective denial to *see* how the abuse that happened as a child (and the memories of the abuse) have helped to shape the dysfunctional patterns in the survivor's life today.
   - Remembering also means allowing oneself to remember the feelings connected to the abuse and to acknowledge they are real.

2. ***Recognizing survivor responses to the abuse***

   The next stage is learning to recognize the dysfunctional patterns of today's life as survival responses. Two levels of survival response occur:

   - *Primary responses* – these are the child-victim's response to the abuse; including the fear, shame, guilt, anger, hurt, and self-destructive behavior.
   - *Secondary responses* – these are the adult reactions to the painful memories of just recalled abuse; feelings of guilt, shame, being damaged, etc. What happens is

that a whole second layer of protective covering is quickly added once the healing process starts bringing up the hurt feelings. Denial sets in ("It didn't really happen"). The significance of the abuse is minimized. The second stage of healing is to overcome these secondary responses.

3. ***Forgiving oneself – ending self-punishment***

This stage is a turning point. During this stage, survivors working with other survivors in groups can:

- accept the fact of childhood abuse, and of present day responses to the abuse;
- receive caring from others, and messages that the individual is good, and not deserving of blame or punishment;
- receive feedback concerning his or her self-blaming/punishing behaviors that others can see;
- receive helpful suggestions for how to end self blaming/punishing behaviors, as well as the sincere expressions of other people who care asking the survivor to *choose* to stop practicing self-punishment;
- experience forgiveness from peers for the childhood victimization and the current secondary responses. (Harper et al 1990:51)

Sgroi describes recovery as an ascending spiral of:

a) acknowledging reality of the abuse;
b) overcoming secondary responses to abuse;
c) forgiving one's self;
d) relinquishing survival identity and moving beyond. This cycle then repeats, over and over again — acknowledging reality, overcoming secondary abuse, etc.

Confronting the Abuser

An important part of the overall healing process is confronting the abuser with the disclosure, and injecting the combined power of the law and the will of the community into the relationship dynamics between the victim and the abuser.

Unless a community response team (a) is empowered by law and agreement; and (b) is trained to do such intervention, confronting the abuser should be left to professionals who have legal and program responsibility to do the job. As stressed above, the *panic-disclosure phase* is a very volatile time. If confronting the abuser is not handled properly, the result could be denial and permanent cover up of the abuse, further abuse (or worse) for the victim, violence or the suicide of the abuser, the victim, the spouse of the abuser, or even someone in the community who is reminded of their own unresolved abuse.

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Suffice to say here that confronting the abuser is part of the healing process, and that it takes preparation, prior agreements, and in-depth training to do it effectively.[45]

Part Three – Setting Up The Sexual Abuse Community Response Team

What is a Community Response Team?

The essential idea of a community-based intervention team was outlined by Patricia Graves and Suzanne Sgroi in the early 1980's. The key features are listed below.

1. *The Community Response Team* (CRT) is a group of community professionals and volunteers who *represent key stakeholder groups* who *must* be involved in addressing community abuse; namely:

   - the community at large;
   - child protection services;
   - the police and court system;
   - health services.

   That these players participate as active members in the group is key to the success of the team effort. If the right players are not involved, there is a clear danger that the various ways of seeing the problem (i.e. philosophy, perspective), the different mandates and legal responsibilities, and the different ways of operating will clash, and the overall response will not be nearly as effective.

2. *The Response Team makes a detailed plan of how* to integrate and coordinate the community and agency response to sexual abuse disclosures. The goal is to make sure that *all of the needs and requirements of everyone involved are addressed.* These needs include:

   - protection, especially during the panic-disclosure phase;
   - healing – of all who need it;
   - reporting to the proper authorities and record keeping;
   - coordinating the legal and healing process at the community level.

3. *The response team works within a set of agreements* between the key players that allows the response team to address the healing needs, while at the same time satisfying the legal requirements. Developing and implementing appropriate agreements (between the community, the police and courts, child protection services, and health services) sets up the base for the Response Team's operation.
   "The key to success of such cooperation between police, prosecutors, and 'helping professionals' is to create a community-based offender treatment program that

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45 See appendix A of this volume, "Hollow Water Guidelines", Part III, "Confronting the Victimizer".

represents a humane alternative to incarceration without rehabilitation" (Giaretto et al 1978). When criminal court judges have the option of sentencing offenders who are convicted of some type of non-violent child sexual abuse (or who plead guilty to charges) to participate in a treatment program as a condition of a suspended sentence or as part of a work release program, the authority of the criminal justice system can be used humanely rather than punitively." (Graves & Sigroi 1983:311)

Steps Involved in Setting up a Community Response Team

Anticipating Cultural Issues

Setting up a community sexual abuse response team to work in aboriginal communities requires, at the outset, that *all* the players be willing to work within the cultural framework of the community. What this means in practice is that the community spiritual values and ways of communicating and working together in groups *must* be allowed to shape the way the team operates (i.e. learns and works together). Non-aboriginal resource people may well be a part of the team, but they must be willing to respect the community's ways of seeing and doing things, however, respect cannot be a one-way street. Aboriginal members of the team must be willing to listen to and respect the views and needs of the non-aboriginal members.

The key to success (in our experience) in harmonizing different cultural ways of doing things is to use a circle management system. What this means is that the circle is the leader, and the members of the circle work together to meet each other's needs and build consensus.

With that brief preamble concerning the need for cultural accommodation, let us turn to the work of actually setting up a community response team.

Stage One: Getting the Right Players on the Team

As stated above, the purpose of using a team approach to address sexual abuse at the community level is to harmonize the various legal requirements and human needs that arise in dealing with sexual abuse.

Essentially, most aboriginal communities and cultures "see" sexual abuse more as a problem of un-wellness (i.e. of being out of balance) rather than as a criminal or legal problem. On the other hand, the dominant society (Euro-Canadian) tends to "see" the sexual abuse as a criminal issue for which legal (i.e.. police and courts) response is the primary need and for which health-related intervention may be required. Both communities seem to agree that protection is an important issue and also that sexual abuse is related to the misuse of power.

Unless the representatives of the following groups are included in the team's makeup from the beginning, these sorts of issues cannot be worked out:

1. *The Community at large* – from the community, team members who have dealt with most of their own addictions and abuse issues (i.e. have worked hard to resolve their own healing needs and issues) as well as people who can bring spiritual and cultural resources to the community reconciliation and healing process, should be included. Community representation may also include someone representing political leadership. This can be very useful in ensuring overall support and consideration for the team's work.
2. *Child Protection Services* – these are the agency professionals legally responsible for ensuring the safety and protection of children in sexual abuse related cases. Most often, these individuals are social workers. Child Protection Services must be reported to in all cases of child sexual abuse.

3. *Legal Services* – the police and the courts are required by law to investigate and deal with all cases of child sexual abuse according to the provisions of the law.

4. *Health Services* – medical and mental health professionals (as well as traditional healers) become involved in helping those who need to go through a healing process (victims, abusers, spouses, etc.).

An adequate response to sexual abuse always involves all of these players if the victim is a child. In the case of adult survivors, the community, the law and health services may all be involved, depending on the circumstances.

Stage Two: Developing a working agreement and action plan between all the players that meets both the human needs and the legal requirements, as well as honors and respects the community's way of seeing the problem.

The agreement and plans worked out at this stage describe a process for responding to sexual abuse disclosures that addresses the needs for:

1) Assessment of the situation and validation of the abuse;

2) Protection of child victims, and anyone else who may need protection;

3) Healing – i.e. helping victims, abusers and others to go through needed healing processes;

4) The legal process – involving investigation, laying charges (if appropriate), arrest (if appropriate), court appearances, trial or judgment, sentencing (or other conditions), and eventually, completion of legal obligations;

5) Follow-up and monitoring of abuse situations, victim, and abuse recovery processes, legal requirements, etc.;

6) Record-keeping and documentation – to ensure that counsellors and other health professionals document the healing process in ways that can be used by other professionals (for example, in the case of referrals), as well as can be used as evidence in court.

The essential problem of the team planning phase is to build an action plan that harmonizes all of these needs without compromising any of them.

Note: We believe that the priority value in all of this planning must be the safety, healing, and well-being of victims, and the other human beings impacted by the abuse. If this is not the prime value, then the team needs to decide what is.

Stage Three: Team Wellness

The essential purpose of the Community Response Team's work is to facilitate a restoring of balance (i.e. well-being, health) to all who are impacted by sexual abuse. This implies the full spectrum of program work, including (a) prevention, (b) crisis intervention, (c) healing and rehabilitation, and (d) community wellness development. While the response team can't do all of this work themselves, they will need to provide catalytic leadership to see that it gets done.

You can't bring to the people what you do not have yourself. Therefore, the Response Team must work on itself in the healing of its members (especially related to sexuality and abuse), and must become a model of wellness in the way members carry themselves personally; and, in the way the team operates together. Team wellness is not an option, nor is it something that will come overnight or in a few workshops. Team wellness development is a permanent part of the Community Response Team's work.

Stage Four: Training

As stated many times before in this volume, learning to be effective in carrying out community-based interventions related to sexual abuse takes training and time. Response teams should develop a learning plan that spans several years, and involves intensive workshops, practicums, field mentoring and supervision, and professional backstopping. This volume is intended to provide a broad overview of what Response Teams need to learn *about*, but in much greater depth and detail than could be provided in an introductory manual such as this. (See Appendix B – an outline suggesting an agenda for a two year training program.)

Stage Five: Implementation

This stage involves meeting the following program development needs:

1. a clear work plan,
2. supervision,
3. funding,
4. a management system,
5. record keeping and documentation,
6. monitoring and evaluation,
7. continuous improvement mechanism and processes.

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CHAPTER SEVEN

INVOLVING THE COMMUNITY

Introduction

This chapter explores community involvement as an essential strategy for a sexual abuse community response team. Part One of the chapter examines five arguments for why community involvement is essential in order for a community response team to achieve its goals. Part Two briefly lists some barriers to community involvement. Part Three describes some strategies a community response team can use to mobilize community support and involvement. Part Four looks at the role of the extended family as a special type of community involvement and support. Part Five outlines some considerations for developing a sexual abuse prevention program. Part Six concerns the role of the community response team in coordinating and facilitating community-based healing opportunities. Part Seven discusses two strategies for building a sustainable community safety net.

Let's look first at what a sexual abuse response team is trying to accomplish by mobilizing community support and involvement.

The Community Development Approach:

Goals for Community Involvement in Sexual Abuse Programs

A sexual abuse response team needs broad-based community involvement in order to accomplish the following four main goals:

1. ***To increase awareness of the nature and extent of the problem in order to overcome denial and to create support for intervention activities.***

    - Increase awareness of the extent and types of sexual abuse, the consequences for both the victim and the victimizer, and the possibility of healing and recovery in order to encourage people to speak out and to get help.
    - Increase awareness of and support for the reporting and accountability requirements associated with sexual abuse disclosures.
    - Create the political and administrative support which will allow the sexual abuse intervention/response team to work effectively and to have the resources it needs.

2. ***To create support and commitment for an active sexual abuse prevention program.***

    - Increase awareness of the extent and consequences of sexual abuse.
    - Mobilize community resources for prevention efforts (e.g. the schools).

3. ***To create a community climate which will be supportive to the healing work needed for both the victims and victimizers.***

    - Increase awareness of healing opportunities in the community.

- Increase awareness in order to overcome denial and the shame often experienced by those who need help.

4. ***To transform the community conditions which give rise to sexual abuse, or in other words, to move individuals, families, and the community as a whole toward greater wellness.***

   - Build a common vision of individual, family, and community wellness which will serve as a rallying point for intervention, treatment, and prevention action at all levels.
   - Change community norms and attitudes concerning what type of sexual behaviour is acceptable.
   - Build interagency collaboration so that resources can be pooled and so that an integrated community wellness plan can be developed.

This entire strategy is often referred to as the community development approach.

Part One – Why Effective Sexual Abuse Programs Need Community Support And Involvement

As discussed in Chapter Three of this manual, sexual abuse cannot be treated simply as an isolated legal or health-related issue. It occurs in the context of many other related social issues and it affects all aspects of life in the communities in which it occurs. Efforts to address sexual abuse by treating this problem in isolation have not been successful. An integrated community wellness approach is needed to transform the context in which abuse occurs and to restore health and balance to the lives of the people who have been affected by the pain and suffering it brings. What follows is a brief description of five arguments for a community development approach to sexual abuse intervention, treatment, and prevention.

1. Everything is connected to everything else.

What happens in one part of a system affects every other part. A community is a complex system of interdependent relationships. This is especially true in small communities like most First Nations communities, where everyone knows everyone else and a large percentage of the people are related. Any significant event, such as a sexual abuse disclosure, which happens in the community will affect the whole system.

A sexual abuse disclosure can be compared to throwing a rock into a pond. The ripples spread throughout the whole community. Sexual abuse disclosures can affect the community in many ways. People end up taking sides. They have strong feelings about what has happened (anger, denial, hurt, shock, fear; helplessness, betrayal). They are

reminded of their own abuse issues (whether they are victims or offenders or both) or they become afraid that other "secrets" will come out into the open.
As well, the atmosphere of secrecy and denial that must exist for sexual abuse to continue infects other parts of community life. Communities with high rates of sexual abuse generally also have high rates of disunity, backbiting, and gossip. People tend to sabotage each other's efforts and to mistrust each other rather than work together for the common good.

2. ***Sexual abuse is not an isolated phenomenon. It is part of a larger pattern of disease.***

Sexual abuse is part of a larger pattern of life which frequently includes such social issues as substance abuse, suicide and other mental health problems, the loss of culture and language, and the loss of dignified and productive ways to earn a livelihood. Trying to deal with sexual abuse in isolation from these other issues is like trying to treat an infection by putting a band aid on one of the sores it has caused. Unless the whole pattern of life can be restored to health, the problem of sexual abuse will simply keep on reoccurring.

3. ***Restoring health and balance to a community is not something that others can do for the community. It is something the community must do for itself.***

A community's journey to wellness involves the development of the mental, emotional, physical, and spiritual potential of its members, the creation of healthy families, and a transformation of the political, economic, social and cultural life of the community. It means learning to live in new ways according to life-preserving, life-enhancing values. These goals require a community development approach. Although outsiders can play a very valuable role in the process, healing and development must come from within.

4. ***Effective sexual abuse intervention, treatment and prevention requires the active involvement of the whole community.***

In order for a community to deal effectively with past sexual abuse and to greatly reduce the likelihood of future abuse, many different components are needed: strong political commitment, effective social policies and programs, appropriate cultural resources and practices, adequate financial and human resources, interagency collaboration, etc. As well, the whole family system to which both the victims and the victimizers belong have to be involved in healing, intervention, and treatment efforts in order for them to be effective. In other words, a piecemeal approach cannot work. A community development approach which includes all the individuals, families, community services, and institutions.

5. ***The problem of sexual abuse is too big and too prevalent to be dealt with simply on a case-by-case basis.***

In some communities, up to seventy percent of the adults have been sexually abused as some point in their lives. This pattern of abuse is continuing with the next generation. A problem of this size can not be dealt with only on a case-by-case basis. There are simply not enough resources (e.g. in the justice and mental health systems) to adequately deal with the victims and the victimizers. An approach which deals with the whole community system in which the abuse occurs and which helps the community to learn new, healthier ways of life is needed. This requires a community development approach.

Part Two – Community Barriers To Healing And Development

The previous section argues for a community wellness approach to sexual abuse intervention, treatment, and prevention. In practice, however, there are many obstacles or barriers which make it difficult for the community to mobilize to deal with sexual abuse in an effective way. Here is a partial list:

1. ***Political support*** for a strong and integrated approach to sexual abuse can waiver, depending on changes in political leadership and depending on whether or not disclosures come too close to home, involving their own actions, or those of family members or political allies.

2. ***Administrative and accountability structures*** can be confusing and very time consuming. A sexual abuse intervention team may need to report to political leaders, government departments, local or regional boards or committees, and finance offices, for example.

3. ***Confidentiality*** is difficult to maintain in small communities and people may therefore be reluctant to come to a local intervention team or other type of sexual abuse program.

4. Most sexual abuse involves family members or close friends. People may worry that the ***legal implications*** of reporting sexual abuse will harm family members or cause others to be angry with them.

5. Community members may not want to bring the issue out into the open. It may seem ***easier and safer to deny the problem*** than to do the hard work which will be required to bring healing to those who need it and to ensure the safety of all community members.

6. ***Other social problems***, such as substance abuse, can interfere with the process of getting sexual abuse into the open.

7. ***Community administration and program staff are often overworked and don't have the resources*** they need to build and maintain an effective sexual abuse program.

8. ***Community leadership may not see sexual abuse programs as a priority.*** They may be more concerned with political and economic issues, without seeing the impact that sexual abuse has on the capacity of the community to make strong political and economic gains.

Part Three – Strategies For Generating Community Involvement And Support

It has been argued above that a community wellness approach is needed to transform the conditions in the community which contribute to the likelihood of sexual abuse occurring and to build an environment in which individuals and families can heal from the pain and suffering caused by sexual abuse and can learn to life in safe and healthy ways. A great deal of the change that needs to occur in order for this to happen can only come about through the involvement of the individuals and families in the community. A community sexual abuse intervention/response team cannot do this work on behalf of the community. The community must do it for itself.

This section looks at steps that a community sexual abuse intervention or response team can take to gain community support for community development action around sexual abuse. It provides suggestions for overcoming the barriers which can make it difficult for a community development approach to get started which were also briefly listed in an earlier section of this module.

1. Creating a Positive Environment for Community Involvement

In order for the community to become involved in sexual abuse intervention, prevention and treatment initiatives, they will need to feel that it is safe for them to do so and that their efforts will make a real difference for the community. They will form their opinions about this on the basis of the way that the sexual abuse intervention team works, as much as on the basis of the things it does. Here are some suggestions for building an environment of trust which will encourage community involvement:

a. Always maintain confidentiality guidelines so that people will feel secure about speaking with members of the intervention team.

b. Be absolutely clear about the legal and moral obligations the team has with respect to reporting and accountability so that people will not feel betrayed by the actions of the team.

c. Talk about issues, not about people.

d. Acknowledge any contribution and any step toward healing, no matter how small.

e. Believe in the capacity of people to heal themselves and to make positive choices, and to convey what belief to the community.

f. Never take sides. In this way people will trust the team to work for justice and safety for all members of the community.

g. Present programs and initiatives in a positive way, focusing on the development of individual, family, and community wellness.

h. Develop guidelines to make sure that the team is accessible to the community. The guidelines should, at the same time, establish boundaries which protect team members from overwork and inappropriate relationships.

i. Develop programs that are dynamic and attractive so that people will feel excited about being involved.

j. Empower people to take the steps that will lead to their health and safety rather than taking away their responsibility (e.g. by doing things for them that they really need to do for themselves).

2. Building Awareness through Education

One of the safest and most effective ways to begin building community support is through education. There are many ways this can be approached:

a. Helping people gain access to information: make pamphlets and fact sheets easily available, put up posters, or create displays in library and store windows. You can also use newspapers, radio, and television to get basic information to community members.

b. Public informational meetings – use films, panel discussions, or guest speakers. Even if people don't come to the meeting, they can still learn something through the advertising you do for the meeting.

c. Workshops or seminars – provide an opportunity for more in-depth information sharing around a specific aspect of sexual abuse (such as the consequences of sexual abuse for children). It is important to remember that it is not the purpose of these sessions to seek disclosures, but rather to inform and to overcome denial and resistance to change.

d. Awareness weeks or days – these could include a public announcement, display tables, media publicity, and other educational activities such as guest speakers.

3. Identifying Resources and Allies

Another important step a community sexual abuse intervention/response team can take is to identify resources and allies within the community. Drawing on such community strengths helps reinforce the program and also helps build a solid foundation of support and involvement in the community. Some examples of possible resources and allies are:

a. Elders who can contribute to cultural research about the values, beliefs and practices which were traditionally used to help educate people about healthy sexuality and to restore balance when individuals behaved inappropriately;

b. Individuals who are willing to come forward to tell their story or to speak out against abuse;

c. Service providers (e.g. school personnel, health professionals, law enforcement staff, social service workers, church leaders) who are willing to work with the sexual abuse intervention team on specific initiatives (e.g. a school-based prevention program, awareness activities or healing circles);

d. Print and audio-visual materials which can be used in educational activities;

e. Political or cultural leaders who are willing to publicly support the need for an effective sexual abuse program;

f. Volunteers who are willing to carry out specific tasks (e.g. prepare media material, write proposals, distribute pamphlets, sit at a display table);

g. Families who are willing to help care for children who must be removed from their homes for their own safety;

h. Other programs in the community which deal with related social issues (e.g. alcohol and drug abuse prevention and treatment programs);

i. Spiritual/cultural leaders who can provide counselling and conduct ceremonies or other cultural activities;

j. "Natural helpers" in the community (those people to whom others frequently turn for advice and support);

k. Funding sources which can be tapped for prevention and treatment activities;

4. Building an Integrated Community Wellness Plan

This step is related to number three above, but involves more intensive collaboration with certain specific community agencies and organizations. Since sexual abuse is not an

isolated problem, and since the entire context of life which supports sexual abuse needs to be transformed, it is vital to link the work of the sexual abuse response team to that of other wellness-based programs. Unless such issues as substance abuse, personal healing and development, life skills, political development, and cultural revitalization are being dealt with in the community, sexual abuse cannot be adequately addressed.

For these reasons, a sexual abuse response team needs to work with other agencies and organizations in the community to develop and implement a comprehensive, integrated community wellness plan. Below is a brief description of some of the steps which need to be taken to do this:

a. Identify potential partners – Any agency, group or organization in the community which is concerned about community wellness issues is a potential partner (e.g.' churches, health services, support groups, substance abuse prevention and treatment, education, social service, cultural groups). Initially the team will probably have to visit each of these partners individually in order to discuss the possibility of working together on a comprehensive, integrated community wellness plan. Not all the potential partners may agree to work together in this way, but the work can go ahead with whoever is willing.

b. The community partners meet to form an inter-agency working group – The first step for this group is to clarify the goals for their collaboration and to come to an agreement about the process which will be used to develop a comprehensive, integrated community wellness plan. Since it is important to involve as many community members as possible in the actual development of certain aspects of this plan, the working group needs to start by deciding how they will get the community participation they need.

c. After first identifying its own wellness needs the inter-agency working group should develop a way of working and specific tools to support its members in their own personal development (e.g., using consensus models of decision-making and taking time at every meeting for members to do some personal sharing). This work should be on-going, while the working group carries out all the other steps.

d. A broad-based community needs assessment and visioning process is undertaken[46] – In order for a comprehensive, integrated community wellness plan to be successful, it is important to involve the community in the development of that plan by carrying out a series of initiatives designed to assist the community:

   - to assess its current conditions with respect to community wellness;

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46 A number of participatory community needs assessment and visioning tools have been developed to assist with this work. One such tool is the Community Story Framework, available from The Four Worlds Centre for Development Learning, 120B 10th St., N.W., Calgary, Alberta, T2N 1V3, ph. 403-270-8098, fax 403-270-7945, e-mail 4worlds@cadvision.com.

- to identify community strengths and resources, to identify cultural resources and the lessons from the past which can be applied to current conditions;
- to develop a map or model which describes the inter-relationships between various wellness issues (e.g. between sexual abuse and substance abuse, between family violence and economic development);
- to articulate a clear vision of what their community (including its individuals and families) would be like if it were healthy;
- to identify priority goals and entry points for action;
- to identify possible strategies for beginning work on the priority goals;
- and, to identify the learning needs of various groups in the community related to improving community wellness.

e. The inter-agency working group develops a draft community wellness plan – Based on the information gathered in the previous step, the working group develops a simple community wellness plan which can be presented to the community for its approval. The plan should have a clear vision statement, several well-defined objectives, appropriate strategies for achieving the objectives, and specific lines of action for implementing the strategies. The plan needs to be very clear about who is responsible for which aspects of the work (e.g. which aspects need to be done by individuals and families in the community with the support of community agencies and which parts will be carried out by specific agencies or inter-agency groups with the support of community members.) It is equally important to identify where the needed resources will come from (e.g. by pooling resources already available to specific agencies, by fund-raising for certain activities or components of the plan).

f. The inter-agency group also develops a monitoring and evaluation plan – This plan should describe the success indicators which will be used (the benchmarks which will indicate whether or not the activities being undertaken are moving the community closer to its objectives and vision of wellness), the tools which will be used to measure progress toward these success indicators, and who will gather which types of data. The monitoring and evaluation plan should also indicate how community members will be involved in the evaluation process and who will have access to the evaluation data for what purposes.

Part Four – The Role of The Extended Family In Sexual Abuse Intervention, Treatment And Prevention

This chapter has been discussing why a community sexual abuse response team needs to involve the whole community and has made some suggestions about strategies of doing so. When we use the word community, it is easy to put everyone in the same basket, so to speak. But a community is not simply a collection of individuals. It is a complex set of political, economic, cultural, and social relationships. In First Nations communities, like in many other communities, these relationships centre largely on family connections. In

some instances these family relationships involve clearly defined clan systems, in other cases, large, extended families are the basic unit.

It makes sense, therefore, for a community sexual abuse response team which is looking for effective ways to involve the community, to approach the problem from the point of view of involving extended families. Here are some reasons why this approach makes sense:

- the family is the unit within which a large percentage of the abuse occurs (since sexual abuse is often a crime of proximity and opportunity);
- the family system often creates and maintains the dysfunctional patterns of denial, secrecy, shame and fear within which sexual abuse can be perpetrated from generation to generation;
- the whole family system is deeply affected when abuse occurs (the victims, the victimizers, the non-offending partners, and all other family members);
- the extended family has a special role in sexual abuse intervention, treatment, and prevention which differs from that of the community in general;
- sexual abuse cannot be eliminated unless the whole family system becomes healthy and balanced. As long as dysfunctional patterns remain, sexual abuse will reoccur.

Strategies for Working with the Extended Family

A community response team can take the following steps in order to use the extended family as a way to involve the community in sexual abuse prevention, intervention and treatment programs:

1. ***Create a map of the community which lists all the family systems.*** This map can be used to make sure that prevention, intervention, and treatment activities involve everyone who is part of the family system.

2. ***Target prevention activities at the whole family system.*** For example, a comprehensive prevention program has components which assist potential victims, potential victimizers, and the caregivers of potential victims. By using a community map which identifies all the extended families in the community, a community response team can make sure that prevention activities have reached key people in each family system.

3. ***Design intervention strategies which immediately address the needs of everyone in the family system*** – the victim, the victimizer, the non-offending partner, and other family members. Chapter Six provided more information about the needs of each of these parts of the family system.

4. ***Include the whole family system in treatment programs.*** Chapter Six explains why the dysfunctional patterns which include sexual abuse are likely to reoccur unless the whole family receives treatment.

5. ***Make sure that healing and personal growth opportunities exist for all parts of the family system.*** Men, women, teenagers, children, and elders. Again, the community map which identifies all the family systems in the community can be used to make sure that key individuals from all the families are involved so that they will be able to influence the whole family system.

Part Five – Considerations For Sexual Abuse Prevention Programs

Being as aware as it is of the devastating consequences of sexual abuse for the victims, the victimizers, their families, and the community as a whole, a community response team obviously has a strong interest in making sure that there is an effective sexual abuse prevention program in place. A comprehensive prevention program has several target groups. Target groups are the people that need to be reached by a prevention program. Three potential target groups are:

1. potential victims,
2. potential victimizers,
3. family and community members, and
4. the staff of community agencies and other community helpers.

This section briefly discusses the types of prevention activities which could be carried out in relation to each of these four target groups.

1. Potential Victims

The goal of prevention activities which target potential victims is to create awareness of potential danger, to teach personal safety skills, and to inform them about resources for help and further information.

By far the largest percentage of sexual abuse victims are children, many of them quite young. It is important, therefore, to begin teaching personal safety skills at an early age. These skills should be taught at home and can also be taught through school or child development programs in the community. Some excellent print and audio-visual aides have been developed to assist parents and other adults working with children to approach this subject in an appropriate way. (See the Resource pages for this chapter.)

Other potential victims for which a sexual abuse prevention program is needed are young adults of both genders and women of all ages. Like the programs for children, these programs should focus on information about what types of behaviour are abusive, the extent of the problem, personal safety skills, and resources for help and further information. Some people may not initially be willing to discuss these issues in a group situation. Individual counselling and print or video resources are other options.

It is important to be aware of the fact that prevention activities are a good opportunity for identifying individuals who may have been abused. These individuals may:

- complain of sickness, stomach-ache, headache, cramps or dizziness prior to, during or after prevention activities;
- avoid eye contact, become very restless or seek excuses to leave the room;
- behave in ways which are out of character (e.g. become very silent if they are usually outgoing or act out if they are generally quiet and cooperative);
- ask very specific questions which display a depth of knowledge which is unusual for their age or general life experience about certain aspects of the discussion.

Prevention activities should not be used as a platform for encouraging disclosures, but they can be a signal that opportunities for more intense work with that individual should be created.

2. Potential Victimizers

While it is impossible, and certainly unwise, to categorize community members as potential victimizers, it is still possible to take some measures aimed at preventing people from committing abusive acts (rather than only focusing on teaching potential victims how to protect themselves).

One aspect of this issue is to create a strong general awareness in the community about the traumatic consequences of sexual abuse for the victims. This information will at least inform potential abusers about the very great pain and suffering they will cause if they choose to act in abusive ways. Potential abusers also need to understand that the community is ready to take a strong stand against sexual abuse and will no longer silently tolerate abusive behaviour. Sexual abusers will be asked to suffer the consequences for their action, whether through the legal system or through a community-based program.

The literature on sexual abuse is clear that many abusers have themselves been abused though not necessarily sexually abused. These individuals can receive education and support which will make them aware of the inter-generational nature of much sexual abuse and what can be done to break the cycle. Potential abusers need assistance to develop a safety plan which will help them to avoid the types of situations which put them at risk of sexually abusing others.

3. Caregivers and Support People for Potential Victims

The goal of prevention activities for this target group is to enable them to establish the types of boundaries and conditions which will make families and the community as safe as possible for potential victims. Parents and other caregivers of children need to understand the extent and types of sexual abuse which are common as well as the devastating harm that sexual abuse can cause. They also need to understand the warning signs of possible abuse and what to do if they suspect that the children in their care have

been abused. As well, they need to understand how to talk to children about sexuality and how to teach children basic personal safety skills.

Adults can also be the victims of sexual abuse. It is therefore important that the community in general understand what types of behaviour can be sexually abusive, what some of the behaviours are that might indicate that a friend or family member is or has been sexually abused, what the consequences of sexual abuse are for both the victim and the victimizer, and what to do if someone discloses sexual abuse to them or exhibits some of the warning signs.

As part of a prevention program, community members should learn about the importance of speaking out against abuse and of coming together to establish clear community norms about what types of behaviour are and are not acceptable. They need to understand the inter-relationships between sexual abuse and other types of community problems and take responsibility for moving their community toward health and balance. A prevention program can also focus on the traditional values, beliefs and practices which helped keep communities healthy and safe in the past and how these teachings can be applied to today's situation.

4. The Staff of Community Agencies and Other Community Helpers

Community agencies and other community helpers (such as service clubs, religious groups, etc.) need the same type of information as described in points two and three above. In addition, they need to learn how to work with community members to establish clear community norms around sexual behavior and to develop a common vision of community wellness. Such agencies should pool resources toward developing a comprehensive, integrated community wellness plan. (See Part Three above.) They also need to be guided to develop appropriate community policies and procedures which will make their community safer and healthier.

Part Six – Community-Based Healing

It was argued in Chapter Six that most communities simply do not have the professional resources they need to provide healing services for everyone in the community who has been affected by sexual abuse (victims, victimizers, non-offending partners, and other family members). For this reason, a community-based approach is suggested rather than a service delivery model for the healing work that needs to be done. This means that the community will have to find ways to heal itself and to reach out effectively and compassionately to those in need.

With its urgent responsibilities with respect to intervention, the community response team cannot also be responsible for all the healing work that needs to be done. Its primary role, as explained in Chapter Six, has to do with coordination and facilitation. The coordination role involves making sure that the individuals and families in need are

connected to the services which can help them. The facilitation role has to do with mobilizing the community (its individuals, families, political bodies and agencies) to make sure that appropriate and adequate support system exist.

Here are some steps which the community response team can take to support community-based healing opportunities as part of its overall responsibility for all in the community who have been affected by sexual abuse:

1. ***Ensure that the community response team members are working on their own healing and personal development issues.*** The need for this has been stressed several places in this manual. Unless the community response team members have been able to heal themselves from the harmful effects of their own sexual abuse issues, they will not be able to be effective facilitators of healing processes in the community.

2. ***Identify the agencies and groups in the community which are already offering healing support activities and to train them with respect to sexual abuse issues as necessary***. Most communities already have some personal healing and development support services, often connected with substance abuse issues. Frequently these services take the form of healing or support circles, which are run by health services, alcohol and drug abuse programs, churches, youth groups, etc. Sometimes the facilitators of these programs will need some information and training in order to make sure that they will be able to meet the needs of sexual abuse victims, victimizers and other families members. Arranging for this training can be something which the community response team takes on.

3. ***Mobilize community agencies and other service providers to create community-based healing opportunities for those affected by sexual abuse.*** In some instances sexual abuse survivors and victimizers can benefit from special healing or support groups designed to meet their own needs. A community response team can work with other community agencies (e.g. mental health services) to create special community-based healing opportunities. The facilitators of these healing support services may need special training in order to be able to handle the particular needs of those affected by sexual abuse. The community response team may be able to help bring this special training into the community or to arrange for appropriate community members to attend courses outside the community. The community response team may also be able to offer special resources to the support groups, such as videos, other audio-visual aides, or print material. (Some guidelines for community support groups are attached.)

4. ***Create opportunities for peer counsellors or natural helpers to receive training and support***. All communities have individuals in them who serve as natural helpers. A natural helper is simply anyone to whom those in trouble frequently turn for support and advice. These peer or natural helpers can often be more effective if they receive training and support. Peer or natural helper training programs exist, especially for

teenagers and young adults. A community response team can work with the school or other community agency to initiate and support an appropriate peer counselling program.

Part Seven – Building A Sustainable Community Safety Net[47]

This Manual has argued that sexual abuse cannot really be dealt with unless a community begins to take responsibility for creating health in all aspects of individual, family and community life. In other words, sexual abuse prevention, intervention, and treatment activities need to be part of an overall community wellness plan.

One of the primary goals of an integrated community wellness plan is to transform the human relationships in the community as well as its political, social, economic, and cultural dynamics. The pattern of life which includes such social dysfunctions as substance abuse, sexual abuse, and domestic violence needs to be replaced with one which leads to health and well-being. Changing the dynamics of a community in ways which support health involves building healthy individuals, healthy families, and healthy community systems.

A process which can be used to involve the community members, as well as community agencies and organizations, in developing and implementing a community wellness plan was briefly described in Part Three of this chapter. This section outlines two strategies which can be incorporated into a community wellness plan in order to help the community take responsibility for its own long-term well-being:

1. Creating a wellness watch.
2. Using core groups to transform community dynamics.

These strategies can help create a community safety net which takes in the whole community and catches people before they slip into dysfunctional habits and relationships. A community safety net has strategies for watching over the individuals and families in the community, especially those who are at risk for becoming the victims of abuse or for becoming victimizers. It offers support before trouble begins and can quickly intervene if problems do arise. It models healthy behaviour and creates a positive climate in the community which gradually shifts community norms and behaviour in ways which support safety, prosperity, and health.

1. Creating a Community Wellness Watch

A community wellness watch is a system for monitoring community members, especially those at risk for problem behavior and those who have been traumatized by their own sexual abuse or that of a close friend or relative. A community sexual abuse response

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47 This material was previously explored in The Four Worlds Exchange, Vol. One, No. Two.

team, in collaboration with other community agencies or leaders can take the following steps to create a community wellness watch:

a. **develop an inventory or map of the community** which lists all the households and the circumstances which may put them at risk of sexual abuse. (The creation of such a map or inventory has also been recommended in Part Four of this Chapter.) Some of the circumstances which put a family at risk include:

   - previous incidences of sexual abuse, either as victims or as victimizers;
   - substance abuse by any of the family members;
   - domestic violence;
   - any of the warning signs which might be exhibited by individuals who have been sexually abused and which were listed earlier in this document such as depression, inexplicable expressions of anger, age-inappropriate knowledge about sexual matters, or problems with concentration or behaviour in school.

b. **assign a buddy or other type of support person** to the family and/or to the individuals in the family who are at risk. This person's job is to watch for signs that the individual or family is having problems, to provide encouragement and support, and to make referrals to community resources as needed.

c. besides creating a monitoring system for individuals and families as described in a. and b. above, a community watch system should include **regular (e.g. monthly) consultations by the community response team (and its allies) about the overall health of the community.** They should consider questions such as the following:

   - have there been any recent traumatic events in the community, such as deaths due to violence, suicide, or substance abuse, or the sudden loss of jobs or other economic opportunities?
   - are there any significant events which would affect the social health of the community, such as the introduction of a resource development project which has brought large numbers of outside workers or sudden changes in the economic conditions in the community?

   On the basis of this type of consultation, the community response team can adjust its prevention plans and consider new measures to keep the community focused on its responsibility to create a healthy and safe environment for all its members.

2. *Using Core Groups to Transform Community Dynamics*[48]

The core of anything is the heart and centre of that thing. The core of a community wellness process is people who, by their unity of vision, their personal commitment to growth, and their leadership (often by example), create the pattern which other people can follow as positive changes take place in the community.

It is highly unlikely that the community will arise all at once to undertake a general change process. Usually what happens is that small, special interest groups can be motivated to work together for the resolution of issues that personally touch the members of that group. Later on in this process these groups can gradually be connected with each other to build a full-fledged community wellness movement.

In this way a single mothers group, an elders group, a youth group, a sexual abuse survivors group, or a group interested in promoting economic development might become core groups of a community development process. The key to this happening is for the group members to see the connection between their personal concerns and the well-being of the whole community. Because everything is connected to everything else in human and community wellness processes, to work for the improvement of any one aspect of life is to work for general improvement. It is, therefore, reasonable to gradually enlist the cooperation and support of seemingly isolated and distinct interest groups for one another's causes.

Following are some steps which a community sexual abuse response team can take to encourage the development of core groups which to help build a community wellness movement:

a. **support the formation of core groups around specific wellness issues and needs**, such as, substance abuse, parenting skills, sexual abuse survivors, men's and women's support groups, etc. These core groups should meet regularly to:

   - offer each other mutual support;
   - create a safe place for their own healing, growth, and learning;
   - work on making improvements in the life of the community.

   As they develop, these core groups will become pockets of healthy people who will be able to influence their friends, families, and neighbours. Some more detailed information about the stages involved in core group development and the role of community helpers in supporting core groups is included in the Resource pages for this chapter.

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48 The material in this section is drawn from "Re-Creating the World: A Practical Guide to Building Sustainable Community" by Michael and Judie Bopp, Four Worlds Centre for Development Learning, forthcoming, 1997.

b. **begin to link the core groups together around issues of mutual concern** as they become mature enough to look beyond their own boundaries. For example, core groups working on substance abuse, sexual abuse, and parenting skills could be brought together around the needs of young people in the community. Core groups can be brought together in joint needs assessment and visioning processes leading to the development and implementation of an integrated community wellness plan (see Part Three of this chapter) or around specific projects (such as a youth wilderness camp).

Besides the specific useful wellness activities which are carried out by these core groups, they will be able to move the community toward greater wellness by **becoming models of the change which is needed**. As they develop healthier interpersonal relationships and as they learn new skills for dealing with stressful situations or social and economic problems, they will slowly re-create the community dynamics. These core group gradually become like seeds growing in the womb of the community. As they develop, becoming more influential, more clear in their direction and more able to cluster others around them, the entire community wellness process will grow and mature. Even though not everyone in the community will participate actively in core groups, the active influence of these groups will gradually help to shift the norms, values, and behaviour in the community toward a healthier and safer way of life.

Summary

This chapter has discussed the importance of involving families and the whole community in sexual abuse intervention, prevention and healing work. The problem of sexual abuse is simply too large for it to be dealt with in an isolated way from all the other wellness issues in the community. As well, building strong and healthy families and communities is something that people have to do for themselves. Healing and development come from within. While others may assist and support that process, individuals, families, and communities have to take responsibility for their own development in order for that process to remain healthy and sustainable.

RESOURCES

FOR

CHAPTER SEVEN

Setting up Support Groups

A support group is usually set up to assist people to support each other around a specific need such as sexual abuse healing, dealing with substance abuse in one's self or others, or parenting concerns. Often support groups have a facilitator, who is usually a community helper such as, a counsellor, a mental health worker, or a community volunteer. Support groups usually meet once a week for an agreed-upon number of weeks although some support groups are ongoing and therefore do not have a set number of meetings.

Here are some guidelines for establishing effective support groups:

1. Use a comfortable, private location which is easily accessible to as many of the members as possible. Comfortable chairs and cushions on the floor make a big difference, as do gentle lights. Refreshments can also help people feel at ease. It is generally wise to have several boxes of tissue on hand.

2. Make sure that the group is safe. In order to share their own experiences and to listen nonjudgementally to others, it is important that everyone feels that their contributions will be respected and understood. For this reason, it is common to have separate support groups for victims and victimizers. Most victims will not feel comfortable participating in a group with victimizers.

3. Make sure that all group members understand and agree to ensure confidentiality. Confidentiality means that information about who is participating in the group, along with their shared information and stories are not discussed in any way outside of the group.

4. Establish the process by which the group will operate. Many groups find it useful to use a talking circle format (see talking circle guidelines below) to make sure that everyone has an equal opportunity to be heard. Sometimes these talking circles use a specific topic; other times group members can simply talk about any topic which is important to them during their time to speak. One method that is effective for many groups is to begin with a check-in circle and then to move on to a specific, predetermined topic.

Guidelines for Talking Circles

Talking circles are useful when the topic under consideration has no right or wrong answer, or when people need to share feelings. Moral or ethical issues can often be dealt with in this way without offending anyone. The purpose of talking circles is to create a safe environment for people to share their point of view with others. This process helps people gain a sense of trust in each other. They come to believe that what they say will be listened to and accepted without criticism. They also gain an appreciation for points of view other than their own.

The basic rule is that the group sits in a circle and each person gets a chance to say whatever is on his/her mind without being criticized or judged by others. Sometimes groups pass around a feather, stone, or talking stick. Whoever is holding the object has the floor.

Talking circles usually need a facilitator to ensure that the guidelines are being followed. As they gain experience with this approach, most people will be able to serve as facilitators. Talking circles can be set up with group number up to about 30. With really big groups it is usually more effective to set up an inner and outer circle. Five to ten people sit in a circle. The rest of the participants arrange their chairs in a circle around this inner circle. Only the people in the inner circle speak. The outer circle listens. People then take turns being in the inner circle.

1. All comments should be addressed directly to the question or issue, not to comments that another participant has made. Both negative and positive comments about what anyone else in the circle says should be avoided. Just say what you want to say in positive manner. Speak from the heart.

2. Only one person speaks at a time. Everyone else should be listening in a non-judgmental way to what the speaker is saying. Some groups find it useful to signify in some way who has the floor. Going around in the circle systematically is one way to achieve this. Another is to use some object (such as a feather or a stone) which the person who is speaking holds and then passes to the next person who has indicated a desire to speak.

3. Silence is an acceptable response. No one should be pressured at any time to contribute if they feel reticent to do so. There must be no negative consequences, however subtle, for saying, "I pass".

4. At the same time everyone must feel invited to participate. Some mechanism for ensuring that a few vocal people don't dominate the discussion should be built in. An atmosphere of patient and non-judgmental listening usually helps the shy people to speak out and the louder ones to moderate their participation. Going around the circle in a systematic way, inviting each person to participate by simply mentioning each name in turn can be an effective way to even out participation.

5. It is often better to hold talking circles in groups of ten to fifteen rather than with a large group, because in smaller groups each person has time to say what they need to say without feeling pressured by time.

6. The group leader facilitates the discussion by acknowledging contributions in a non-judgmental way (that is, by avoiding comments like "great", "far out" or "good" which can be seen as making comparisons between different contributions) and by clarifying comments when necessary (e.g. "If I understand what you're saying, you...").

7. No comments which put down others or oneself should be allowed. Some agreed way of signaling the speaker when this is occurring should be established (e.g. holding up a card labeled "Put Down"). Self put downs include such comments as, "I don't think anyone will agree with me, but...," or "I'm not very good at..."

8. Speakers should feel free to express themselves in any way that is comfortable: by sharing a personal story, by using examples or metaphors, by making analytical statements, etc.

9. Some groups have found it useful to encourage participants to pray silently for the one who is speaking, or to at least consciously send the speaker loving feelings. In this way listeners are supporting the speaker, and not tuning out while they think about what they will say when it is their turn.

Adapted from "Sacred Tree" Teacher's Guide published by the Four Worlds Development Project.

This section on core group development is excerpted from "Recreating the World: A Practical Guide to Building Sustainable Community", by Michael Bopp and Judie Bopp, The Four Worlds Press (forthcoming).

Core Groups as Mini Communities

A core group, in the sense we use the term here, is not merely a citizens' committee meeting to address some issue of common concern. It is true that core groups are made up of community members and supportive professionals, and they do address issues of common concern. However, the key to effective core group development is to view the core group as a community unto itself. Any community consists of human beings whose growth and development occurs in the mental, emotional, physical, and spiritual dimensions of life. A community is made up of individuals who are in relationships with each other in many ways (personal, social, economic, political, etc.) These relationships can be productive or destructive of sustainable human well-being and prosperity. A community is interconnected with the rest of the human world (other communities, nations, etc.) and also with the natural world (i.e. the earth and its eco-systems).

All of the principles which guide human and community development must be applied in core group development. So, for example, core group development is inherently a participatory process. It must emerge from within the minds and hearts of the group

members. As well, the personal growth, healing, and learning of individual members must go hand-in-hand with building the group's capacity to address community issues.

Each core group will find its own path in terms of the journey that particular group of people will need to take in order to become an effective agent of change in the community, but usually that path will include a sense of tension or struggle, personal growth and healing, visioning, critical reflection on personal and community realities, struggling to build effective human relationships within the group, and various kinds of development action.

The process of core group development

The process of core group development may be understood in four stages. In our experience, these stages describe the overall life of most core groups, as well as the process of most group meetings.

Stage One entails initial group formation, as well as trust and consensus building on the group's basic purpose and its rules of operation.

Stage Two involves deeper trust-building and an immersion in the personal healing and learning work so necessary to clear habitual dysfunction from groups and communities. The primary learning during this stage is twofold. First, individuals receive the support of the group in releasing painful obstacles to their personal well-being and social functioning. The group serves as both a mirror and a support mechanism for sustainable healing as this is occurring. This work is rooted in the spiritual and cultural realities of the participants. Second, parallel to the individual learning that is occurring is an increase in the flow of honest, supportive communication and the knitting together of the hearts and minds of the participants in building a solid foundation for effective community work.

At this stage, the concerns which brought the group together (for example, the need for economic alternatives or concern for the well-being of youth) will be talked about, and initial actions may be undertaken, but the important growth going on has to do with human relations and building bonds of unity and trust. In other words, the group has to form before it can perform. Some groups try to skip this step in their impatience to move from talk to action. The facilitative challenge is to keep both the relationship-building work and development action happening, so that each of these vital dimensions gives life to the other. If that necessary tension is kept in balance, it tends to change the people who engage in the process from the inside out. It also tends to transform the basic relationships these people have with each other and the world around them, and that is exactly what is required.

Stage Three involves the group beginning to look beyond its own members to needs in the greater community. At this stage visioning and planning tend to focus on involving others in the circle-building process. Essentially the core group becomes a seed crystal, and as more and more community members become involved in healing themselves and

developing their community, more small groups are formed to accommodate everyone. The small groups continue to be linked together by common vision, purpose, and method. From time to time the small groups come together in broader town-hall-like meetings.

Stage Four entails a shift in focus to transforming community conditions. Either from within the core group, or in the large town hall meetings, a careful mapping and assessment of community assets, needs, and desirable futures is undertaken using a consensus consultation approach. From this process, action plans and programs are developed.

At all stages, some version of the whole process is occurring. The small group personal healing work never stops. And even at the earliest stages, the work is always oriented to community action. This process is inherently transformational in nature at the personal and interpersonal levels and, ultimately, it can re-create community.

Summary of Core Group Development Stages

Stage One

- Group starts meeting together
- Basic trust is built
- Basic purposes for meeting are agreed upon
- Atmosphere of mutual caring and support is developed
- Basic rules for the group operation are worked out

Stage Two

- The personal growth and support needs of members are attended to by the group
- Safe and trusting atmosphere is deepened
- Members are able to share deep personal concerns and interests
- Group supports individual members in their healing and learning journies
- The whole group learns skills and acquires knowledge needed for effective group functioning
- Some learning occurs concerning how to reach out to the wider community

Stage Three

- Personal growth and support needs of members continue to be addressed
- Group focus gradually shifts from its own members to the greater community
- Community members from outside the group are involved in planning and visioning work
- Group members help other core groups get started around common concerns and needs
- The core group begins to play a facilitative leadership role in the wider community
- The community takes on specific projects to bring about human and community development

Stage Four

- Personal growth and support needs of members continue to be addressed
- Focus of work shifts from specific projects to a long term process of healing and transformation
- The group consciously facilitates the involvement and participation of a much broader base of people in the community development process
- A careful and systematic situation analysis and planning process is undertaken that identifies needs, goals, strategies and plans
- An organization emerges to sustain and support the development process
- Sometimes staff are hired or seconded to do some of the technical and administrative work
- The core group assumes the role of facilitative advisors and helpers to the process of community healing and development

Supporting Core Group Processes

A core group is a small group of community people (sometimes joined by one or more front-line professionals) who meet together regularly:

- for mutual support;
- to form a "safe place", a social space for their own healing, growth and learning;
- to work on making improvements in the life of the community.

As new core groups form in the life of a community development process, considerable care and attention is needed to help them along. No two groups are the same, but the most common types of help groups require are in the following areas:

1. *Setting the ground rules and establishing the group "culture".* This involves setting rules and principles of communication and participation for members (the software) that will create the kind of group climate conducive to incubating healing, learning, and sustainable development in the community. The rule of thumb is that the core group should be a microcosm of the kind of community and world the group wants to build. (Be the change you want to see.)

2. *Anchoring the pattern.* It can take a matter of months or even several years for group members to internalize the habits of healthy, effective groups. At first many groups have trouble with consistency (i.e. of simply keeping up attendance at regular meetings). What they sometimes need at this stage is the equivalent of the stake the gardener uses to prop up a tomato plant that can produce beautiful tomatoes, but lacks the strength to stand up on its own. An outsider can provide that anchor or solid consistent support by being there every meeting. Sometimes the outside helper may need to be the telephone tree and contact person until one of the group members feels ready to take the job on.

   There is a fine line (often hard to see) between doing too much for the group members (and thus creating dependency), and doing something that is relatively easy for you to do (that really helps) which others in the group are not yet up to. If the group is functioning fairly well in terms of its human relations, its mutual support, and the fulfillment of its human and community development objectives, then propping it (like the tomato plant) may well be the right thing to do.

3. *Human relations and conflict resolution.* Many groups get stuck when conflicts and power struggles or other dysfunctional patterns overtake the life of the group. People have old habits of talking, listening (or not listening), feeling, and acting toward each other that sometimes get in the way of community healing and development processes. New learning is usually needed within communities about how to listen, how to communicate, how to remain open, how to forgive each other, how to support the successes and struggles of others, and how to resolve differences

4. *Working in the community.* Another category of support is related to helping the group to become an effective seed crystal of change within the community. Learning about community development models and principles, learning effective leadership, and facilitation strategies, and learning how to form effective partnerships with individuals and groups are examples of the kind of things groups need as they begin to look outward beyond their own membership.

5. *Technical support related to specific development issues or challenges.* As core groups take on issues and challenges in the community, they will often need help in addressing the technical challenges related to that work. A group concerned about early childhood development may need to learn about nutrition or infant stimulation. A group concerned about community addiction patterns may want help in accessing training or counselling support to help them understand such issues as genetic predisposition, co-dependency, and community after-care. A group interested in addressing welfare dependency or employment development may need help in accessing information and technical help related to small business start up, low interest loan schemes, entrepreneurial training, or market feasibility studies.

The Role of the Community Development Worker

One key task of the community development worker is to shepherd the development of core groups through all of these stages of need. The community development worker's problem is not to be all things to all people, but rather to help groups to find the right kind of human resources needed at any particular time in the group's development.

In a really healthy development process there may be 5, 10, or even 30 core groups operating, each with its own dynamics, goals, and needs. Connecting all of the groups together in a broad based movement (not necessarily an organization per se, because organizations can sap life, energy, and leadership, and can cause people to focus on organizational issues at the expense of the human and community development work).

Many successful community development processes bring the core groups together once every 30-60 days for a workshop type meeting, focused on learning, group-goal setting, and discussion-making, informing each other of actualities and dilemmas, creating mutual support connection, and bonding together on common issues to influence political, social, or economic change.

Organizing and facilitating these town hall like community meetings may be something community members can do well. But sometimes (as with small core groups) community movements need propping up and support from outside helpers.

Very often, such broadly based coalitions of core groups elect a coordinating committee to provide leadership at the community wide level. This will usually emerge when the community sees the need for it, but sometimes a decision to accept outside funding requires that a project administration or leadership team of some sort be formed.

This team will need to be guided, coached, and supported like any other core group. The biggest danger at this stage is that the leadership team mistakes itself to be bosses, rather than servants of the process, which must always be driven by grassroots people and their core groups. The leadership teams will need considerable coaching to learn to become facilitative leaders that draw out and nurture the community's development.

Very gradually, this leadership team should be assisted and encouraged to take on the work and functions of the community development workers who have been supporting the process all along.

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This bibliography is excerpted from the manual, "Let the Healing Begin: Breaking the Cycle of Child Sexual Abuse in Our Communities," by Maureen McEvoy and published by the Nicola Valley Institute of Technology (which kindly encourages the use of portions of their work for educational purposes):

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Sexual Violence: The Unmentionable Sin: An Ethical And Pastoral Perspective by Marie Marshall Fortune, 1983. Written to enable the religious community to understand what sexual violence is about, and how to develop an effective, compassionate, and just response. The Pilgrim Press, New York.

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Survivors' Accounts

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When You're Ready by Kathy Evert and Inie Bijkerk, 1987. A woman's healing from childhood physical and sexual abuse by her mother. Launch Press, Walnut Creek, Ca.

My Father's House by Sylvia Fraser, 1987. A memoir of incest and healing. Doubleday Canada Ltd., Toronto.

Voice in the Night by Toni McNaron and Yarrow Morgan, editors,1982. Approximately fifty women describe incest and its effects, many raped as babies. Several lesbian survivors. Cleis Press, Minneapolis.

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A Guide for Parents of Sexually Abused Children by Christine Rougeau, Serena Gibson, and Anita Archambault, 1986. WAWAW/Rape Crisis Centre. Booklet explaining the process after disclosure, the legal steps, and suggestions for supporting the child.

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Something Happened and I'm Scared to Tell by Patricia Kehoe, 1987. Written for children, ages three to seven, who are suspected victims of child sexual abuse, to encourage them to speak out. Parenting Press. Inc., Seattle, WA.

Videos:

"No More Secrets"
13 minutes, 16 mm, colour
Content: Intended for children ages 7 -12. Explicit but not alarming portrayals of sexual abuse within the family. Children show how to talk about incest to someone they trust, and how they say no to intrusion. Comes with instructional guide and paperback for parents.

"The Best Kept Secret"
10 minutes, colour, 16 mm,
Content: Very explicit dramatization of an adolescent disclosure scene. Good demonstration of family dynamics.

"Counselling the Sexual Abuse Survivor"
30 minutes, VHS or Beta video, colour, 1985
Content: A series of three half-hour video tapes recorded at the Conference on Counselling the Sexual Abuse Survivor, February, 1985.

Tapes:

"Child Sexual Abuse: A Socio-historical Perspective" Child Sexual Abuse: Prevalence and Effects"

"Child Sexual Abuse: A New Perspective"

"To A Safer Place"
58 minutes, VHS, Beta or 16 mm, colour, 1987
Content: Film accompanies Shirley Turcotte, a woman who was sexually abused by her father from infancy to adolescence, as she returns to the people and places of her childhood: her mother, sister and two brothers, all of whom were also victims of abuse, and the neighbours who lived next door. Shirley and her family describe their experiences of being abused, the effects the abuse had, their struggle and their strengths to come to terms with the abuse.

Other Distributors

"Crying In The Dark", 30 minutes, VHS video, colour, 1986
Content: A video presentation combining stories of male and female victims and their families and information from various B.C. helping professionals. Available only from Communities Against Sexual Abuse (CASA) Box 694, Armstrong, B.C., V0E 1B0 (604-546-8377)

"Breaking Silence"
58 minutes, VHS video/16 mm, 1985

Content: A documentary that includes information on the statistics, dynamics, and recovery process plus testimonies from female and male adult survivors, and an offender, a mother, and children's drawings. For rental contact Focus, 456 West Broadway, Vancouver, V5Y 1R3 (604-872-2250)

"No Easy Answers"
30 minutes, 16 mm or video, colour
Content: An Illusion Theatre production designed for junior and senior high school students. Discusses our culture's sexual messages, pressures to be sexual, and dealing with inappropriate sexual advances from peers or adults. Available from Illusion Theatre, 528 Hennepin Avenue, #704, Minneapolis, MN 55403.

More Sources of Information about Child Protection in Canada

National Clearing House on Family Violence
Health and Welfare Canada
Ottawa, Ontario K1A 1B5
Toll-free Zenith Phone Number: 1-800-267-1291
Provides national information and referral services on family violence issues for front-line workers and community members. Does not provide direct services for children who are victims.

"Kids Help Phone"
Toll-free Zenith Phone Number: 1-800-668-6868
Toll-free phone number for kids anywhere in Canada that will connect them with immediate support.

National Inventory on Child Sexual Abuse Services
Family Services Canada
55 Parkdale Ave.
Ottawa, Ontario K1Y 4G1
Phone Number: (613) 728-2463
An inventory of people or organizations that provide either generic or specific services to sexually abused children, their families, adult survivors, or offenders.

Vis-à-vis: A National Newsletter On Family Violence
Family Violence Program
Canadian Council on Social Development
55 Parkdale Ave.
P.O. Box 3505, Station C
Ottawa, Ontario K1Y 4G1
Phone Number: (613) 728-1865
A quarterly newsletter that shares information relating to family violence. *Vis-à-vis* issue, Volume 5, Number 4 (Winter 1988), focused on family violence in Canada's native communities. The newsletter can be ordered from the address above.

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Private Zone by Frances S. Dayee, 1982. Designed to be read to children aged 3-9, Chas Franklin Press, Edmonds, Washington.

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No More Secrets for Me by Oralee Wadnter, illustrated by Jane Aaron, 1983. Little, Brown & Co. Toronto.

It's My Body by Lory Freeman, illustrated by Carol Deael, 1982. Parenting Press, 7750 31 Ave. Seattle, Washington, 98115.

Safety Kids by Janeen Brady. Cassette with songs and coloring book. Teaches skills to avoid sexual assault, abuse, and kidnapping. Available from Lois Scott, 11774-193 St, Pitt Meadows, B.C. V0M 1PO.

Prevention Programs for Daycare Centres and Schools

Let's Talk About Touching
For preschool children aged 3 1/2 - 5 years.
Teaches a few basic safety concepts that can be elaborated upon as the child grows.
Available from:
Ministry of Attorney General
Suite 207, 815 Hornby Street
Vancouver, B.C. V6Z 2E6
604-660-2604

The C.A.R.E. Kit
For children in Kindergarden to Grade 3.
Teaches basic concepts of caring for bodies, twisting feelings about confusing touch, and telling adults about touching problems.
Available from:
C.A.R.E. Productions
P.O. Box 183
Surrey, B.C. V3T 4W8
604-581-5116
For information on adapting this kit for native communities, contact the
GitksanWet'suwet'en Education Society, Box 229, Hazelton, B.C. V0J 1Y0
Tel. 604-842-6511

Let's Talk About Touching (B.C. Edition)
For children in Grades 4 & 5.
Teaches safety rules about tough, decision-making skills, assertiveness, and how to get help.
Available from:
Dianne Pollord
Co-ordinator of Child Abuse
Ministry of Education
Parliament Buildings
Victoria, B.C. V8V 2M4

Feeling Yes; Feeling No
For children in Grades 4-6.
A three-video program that encourages children to appreciate and care for their bodies, gives children guidelines to deal with strangers and with family members.
Available from:
The National Film Board of Canada
Vancouver Regional Office
300-1045 Howe St.
Vancouver B.C. V6Z 2B1
604-666-0716

Personal Safety and Decision-Making (B.C. Edition) For children in Grade 6 and 7.
Program covers sexual exploration, decision-making skills, peer pressure, assertiveness, and resources for touching problems.
Available from:
Bonnie Spence-Vinge
Co-ordinator of Child Abuse
Ministry of Education
Parliament Buildings
Victoria, B.C. V8V 2M4

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Top Secret: Sexual Assault Information for Teens by Jennifer Fay and B.J. Flechinger. Available from King County Rape Relief, 1035 South Third, Renton, Washington, 98055.

So What's It to Me? Sexual Assault information for Guys by Gayle M. Stringer and Deanna Rants-Rodriguez, 1987. Book for teens and activity guide about sexual abuse and acquaintance rape. Available from King County Rape Relief, 1025 South Third, Renton, WA., 98055.

CHAPTER EIGHT

THE DETAILS

Introduction

Paying adequate attention to legal, administrative, record keeping, and ethical issues. "The development is in the details."

This chapter looks at the challenges of building a community-based sexual abuse response team from the standpoint of effective long term functioning and survival ability. A response team is an organized and sustained community program. It is certainly not a short term response to a problem that will disappear overnight.

The important task of coordinating the legal, child protection, and healing work means that the team must learn to carry on its business in ways that insure the highest standards of professionalism and responsibility. As we have seen in previous chapters, responding to sexual abuse is a serious, sometimes very sensitive and even potentially dangerous process. People's lives, health ,and long term well-being are at stake. That is why laws have been made about it, and professional agencies have been mandated to address certain aspects of the problem.

There are legal, programmatic, accountability, and ethical issues that must be faithfully attended to if a community response team is to be really effective in doing its work. This chapter will highlight these issues.

The Historical and Cultural Backdrop

Canadian aboriginal communities are passing through a period of rapid and historical change. Powerlessness and community dysfunction are gradually being transformed as thousands of aboriginal people embrace personal and community wellness, and as the political relationship between aboriginal communities and the rest of Canada shifts toward self-government and cultural autonomy for aboriginal people.

A major part of the legacy of the past is a deep sense of hurt and mistrust of the Canadian justice system by many aboriginal people. Many aboriginal communities feel they have been victims of an uncaring, repressive, and often inept system that doesn't understand them and that upholds priorities that are in contradiction to values that are central to aboriginal cultures. A clear example of this clash in values occurs in the handling of sexual abuse. As explained earlier (Chapter One), for many aboriginal cultures sexual abuse is something for which healing and not punishment is the appropriate response. This manual calls for the construction of *agreements* and the building of *partnerships* between communities, the justice system, child protection services, and those responsible for facilitating healing processes. Such a proposition may well seem unacceptable to some aboriginal people because of all that has happened in the past.

Indeed, it is *because* of that history and those feelings that we believe the response team model offers a way out of the stand-off mentality that has prevented both sides from working together to develop viable systems and services.

When two people of different cultural backgrounds meet, there are always accommodation and communications issues. Both have to learn something about how the other sees things, how they communicate and what is important to them.

When professional groups from different cultures try to work together, there is a similar need for learning each other's needs, communication requirements, and primal values. In the case of building sexual abuse response teams, the "culture" of the police and that of social services may have almost as much accommodating and learning to do as must occur when non-aboriginal professionals try to work in an aboriginal community setting. Similarly, aboriginal community workers will often find it very difficult to understand or work within the rules and structures of dominant cultural institutions (such as social and health, or the justice system.)

At the risk of overstressing the obvious, we make these points in order to underscore the critical need for:

1. *Negotiating* the protocol (i.e. the rules) and communications processes to be used by the team;

2. *Anticipating* the need for learning together how to accommodate and communicate effectively as a team; and

3. *Making mutual understanding and accommodation* a priority (i.e. striving to ensure everyone's needs are met) in team development and operations.

Legal, administrative, accountability, and reporting requirements connected to running an effective team are as important to the successful outcomes of the team's work as any other part of the work. This is because these functions allow all the different parts of the team system (community, justice, child protection, health) to:

- confirm that their needs and concerns are being addressed;
- to coordinate their efforts with everyone else's;
- to confirm that quality control in all aspects of the "system" is being attended to (i.e. nothing important is falling through the cracks.)

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Part One – Legal Concerns And Issues

Reporting

Canadian law requires that *anyone* who has reason to suspect that the sexual abuse of a child or young person (under the age of 18) is occurring (or has occurred) **must report** their suspicions to the proper authorities (i.e. the police and child protection services.) Failing to report is a criminal offense.

This law implies these things relative to the work of the response teams.

a. the team needs to have a procedure in place to insure that all suspected cases of abuse are reported to the police and to child protection services.

b. the team will need to rouse awareness in the community, so that community members and helping professionals know they are *required* to report, and so that they know to *whom* they can report.

c. the *team's response* to a disclosure of abuse (or suspected abuse) must initially be to make sure all the key players on the team are informed, so that each can make the appropriate response called for by their respective mandates.

Validating Disclosures

Validating (i.e. determining the truth of what happened) in reported sexual abuse is a legal issue as well as an issue related to the healing process. From a legal standpoint, the challenge is to find out what really happened, and to gather evidence that will stand up in court.

A good lawyer can easily cast doubt on a disclosure made by a child, or even on statements made by an (alleged) abuser if the taking of those statements is not done properly, with due regard to the rules of evidence. The result can be that an abuser is set free to continue abusing children.

For this reason, response teams must receive adequate *training*, and must also have a *response plan* outlining exactly how validation should be carried out, and who should be involved.[49]

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[49] See Appendix A – Hollow Water Response Team guidelines for an example of a detailed response plan outlining the procedures to be followed at each stage of the response cycle.

Working Within the Framework of the Courts

The Response Team model we are proposing in this manual calls for a working agreement between key players. The justice system's portion of that agreement must involve the following:

1. *An agreement with the prosecutor's office and district judges on criteria and procedures for deciding if, when, and how incarceration can be waived, and a community healing approach can be implemented.* It is important to bear in mind that most abusers will cooperate with a community-based healing approach *only because* the threat of going to jail remains a real possibility. As stated earlier, because sexual abuse is an abuse of power, the power of the law and the combined will of the community needs to be used to *force* the abuser to undertake a path of healing. This reality has been confirmed by many programs over the past decade of work at the community level in Canadian aboriginal communities, and is also well documented in literature (Sgroi: 1984, 1988). It may help to recall that sexual abuse is a learned dysfunctional response to trauma in the life of the abuser. The response has become *a habit*. Like an addiction, abusing someone sexually is what the abuser does when she/he is stressed or threatened, much like an alcoholic turns to drinking in such circumstances. And, like an addict, a sexual abuser will generally *deny* this pattern exists (even to him/herself), and will persistently *avoid* really dealing with the pattern unless *forced* to do so by outside circumstances.

   While this pattern is not true in all cases, it is true in most. Therefore, participation of the court in lending its power to a community team is *fundamental* and necessary to the healing process. The court's participation also ensures that the victim will not be silenced or pushed, or further abused as a result of the disclosure.

2. *A fall-back position of what to do if the healing process fails, or is refused by the abuser.* The community team needs to be backed up by the power of the law. If an abuser refuses treatment, or violates the conditions of the healing plan he/she has agreed to, the courts must then be asked to step in to apply the full force of the law. This is important both to make sure an active abuser is not free to continue his or her abuse patterns, as well as to provide credibility and legitimization to the response team's work in the community. (Why should abusers take the team seriously if there are no consequences for not doing so?)

Providing Evidence

The Community Response Team is made up of people working directly with the victim, the abuser, and all those impacted by the abuse. Team members are often called upon to give evidence in court, so that the court can determine the appropriate steps to take.

In case of sexual abuse, two kinds of court proceedings can occur:

a) Family court – In family court, child protection services seek the approval of the court to temporarily or even permanently remove a child from the custody of her/her parents and to place the child in the "protective custody" of the court. Usually this means the child is placed in a temporary foster home. Being removed from one's family home is very upsetting to a child. Social workers may explain that the removal is for the child's protection, but to a child victim of sexual abuse, such intervention may cause even further traumatization. Giving evidence in these sorts of cases to insure that removal of the child only occurs when there is no other alternative is a very important task.

b) Criminal court – In this other type of legal proceeding Response Team members may become involved in the criminal proceedings. In criminal court, the rules of evidence are much more strict than in family court. Persons accused of sexual abuse are innocent until proven guilty beyond a reasonable doubt. Response Team members are called upon to give evidence that abuse has taken place (or not), or later on in the process, to report to the court that a convicted offender is fulfilling the terms of his/her agreement with the court to fully cooperate with treatment. At the end of a course of treatment (usually 2-3 years) team members will be asked to demonstrate that the abuser has actually made progress in his/her healing journey. At that point, the court will need to determine if the person is likely to re-offend or not, and to what extent rehabilitation has occurred.

Clearly, Response Team testimony in this sort of case can have a significant impact on many lives: the abuser, his family, and (in some cases) on future victims.

Coordinating Legal, Child Protection, and Health Services

One of the most important challenges Response Teams face is the problem of *balancing* the needs and requirements of the various legal and professional agencies against the safety and health issues faced by the *human beings* in the community who are impacted by sexual abuse. The professional challenge is to be constantly aware of the human issues, and to *bring important human considerations into the process of legal dialogue and decision making.* This role of *advocating for human needs* is vital to ensuring that aboriginal cultural approaches to addressing sexual abuse are not totally overshadowed by legal and bureaucratic concerns.

Part Two – Possible Social Consequences Of Response Team Work

Once a Response Team begins working in the community, team members and the team as a whole will become associated in many people's minds with the impact of abuse. So if, for example, a powerful person (or his or her relative) is accused of sexual abuse, the team (or any of its members) may well become the target of pressure to drop the charges,

or even direct efforts to undermine the team's credibility and funding base, or support by political leadership.
If the abuser is related to one or more of the Response Team members, several things could happen, some negative, some positive:

- family splits and feuds;
- ostracism by other family members;
- other family members may disclose their own abuse;
- the cycle of abuse may be broken within that family.

If the abuser is a friend of a Team member:

- the abuser's family may become hostile to the team member *and* his or her family;
- the friendship may be destroyed;
- the abuser may get the help she/he needs.

If the abuser is a member of the clergy in your church or a prominent leader in your community:

- the team member(s) and their families may be ostracized;
- some people will believe the charge, and some will not; the community may be divided along those lines;
- divided loyalties (between loyalty to the church or political group versus loyalty to the victim's family);
- some people will simply try to put their head in the sand to avoid trouble;
- team members will be seen as the trouble makers.

(Harper et al 1990:173-4)

All in all, the Response Team members can become the target of many unpleasant reactions from the community. These reactions are the expressions of denial, fear, and cover-up that allow the patterns of cyclical abuse to continue generation after generation.

In anticipation of these sorts of responses, the resource team needs take the following precautions:

1. Make the personal wellness of team members, *and their families,* a high *priority* that receives regular and continuous attention.

2. Educate political and program leaders, as well as the community at large, about what can happen during the panic disclosure phase of sexual abuse, and particularly about the social consequences that can occur.

3. Educate the families of Response Team members as to the possible social consequences that can arise from the team's work, and ensure that the *reasons why*

the work is necessary and being done for the long-term good of the community is well understood.

Part Three – Record-keeping and Documentation

Keeping good written records of the team's ongoing work is a *very* important part of effective team functioning. Good record-keeping:

1. Allows all the various players (the community, the police and the courts, child protection services and health services) to harmonize their respective processes, and to keep informed of the activities of the other players. Police reports can help mental health workers understand the impact abuse might have had on a child victim. Mental health counsellor reports can help the courts determine to what degree the rehabilitating of abuse has taken place. There are many such examples that could be cited.

2. Good records enable outside professional helpers to step in at any time and to be able to tell what has happened and what the state of affairs is with a particular case. Turnover of workers at the community level and absenteeism often make it necessary for a worker who is unfamiliar with a case to step in and take over the role of counsellor or advocate in court. Good records are the *only* thing that make this substitution viable.

3. Supervision of team members' work by specially trained psychologists or legal experts also requires that an ongoing record of all team processes and activities be kept.

4. Program sustainability (i.e. getting continued funding) depends on establishing that what the team is doing is making a positive difference. Case records as well as periodic monitoring and evaluation are fundamental tools that can be used to demonstrate the team's effectiveness to funders.

Following are examples of some of the most important kinds of documentation and record-keeping that community response teams must incorporate into their regular routine.

Investigation and Validation

At the time of a sexual abuse disclosure, the initial interviews with the victim, the abuser, any witnesses to the abuse, and key family members, is of vital importance in two ways:

- what information is collected;
- how information is collected.

So, for example, the Metropolitan Toronto Committee on Child Sexual Abuse (1983) guidelines on interviewing child victims are very clear on several points:

1. If possible, use a voice-activated tape recorder, so that *both* the victim's and the investigator's *exact words* can be entered into evidence; and

2. The interviewers should be trained to ensure that all of the information is *volunteered* by the victims without any prompting or suggesting (i.e. subtly putting ideas into the child's head or words in her mouth).[50]

The Response Team conducting these interviews may be trained police or social workers, but all team members need to learn how to conduct and record interviews related to investigation and validation.

Documenting the Healing Process

Keeping a record of the treatment/healing process is important for several reasons.

1. It is important for the client, so that he or she can see the problems and goals, the plan that is made to move toward wellness, as well as the obstacles encountered and the progress that is being made.

2. It is important for the counsellor, so that she/he can have (*as detailed as possible*) a picture of the life and family history of the client. Such a description would include:

   - a description of all of the client's significant relationships (good and bad);
   - the history of abuse in the client's life;
   - current, and progressive levels of wellness (mental, emotional, physical, spiritual);
   - important issues the client needs to work on;
   - a profile of the client's interaction (past and current) with other agencies and helpers (including the treatment programs participated in) and with the courts;
   - a profile of the client's education and employment history and goals;
   - an ongoing record of the client's mood swings and responses to the treatment process;
   - a clear picture of the client's current living situation and social support system;
   - names and contact numbers of all of the significant helpers now working with the client;
   - an ongoing risk assessment to ensure the client doesn't attempt suicide, slide into substance abuse, or choose other self-destructive or harmful behaviors.

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50 Training someone to conduct interviews with child victims is beyond the scope of this introductory manual. The challenge of winning the child's confidence, and of obtaining detailed information about the abuse *that will stand in court* requires skill and practice.

All of this information can be very useful in helping the client through the healing process, and on into a more positive and productive pattern of life.

3. It is also *vital* that the *Response Team* and all helping agencies have records that allow a well-trained person to be able to tell what is happening in each case being worked with, so that coaching, monitoring, and ongoing supervision of counsellors is possible, and also that in the event of counsellor absenteeism or turnover, someone else could step in and, at least to some degree, pick up where the previous counsellor left off.

4. Finally, documenting the healing process is important to the courts in helping them to decide how to act in terms of dealing with abusers.

Tools for Client Assessment and Record-Keeping

1. Standardized forms

Most agencies working with sexual abuse victims and abusers, as well as with individuals who have other kinds of healing issues (victims of violence, substance abuse, etc.) have developed standardized forms that ask counsellors, clients, and often both together to record vital information.

Many community workers resist filling out forms (and often with good reason), but there are good arguments for using some forms in the work of sexual abuse response teams.

- Forms work as a check-list, helping workers to remember to ask for *all* the important information.
- Forms can be used as a *therapeutic tool* if the client and the counsellor fill them out together and talk about how the client feels concerning the people and situations the form asks about.
- Forms make it possible for anyone not familiar with the client or the case to review the file and become informed about what is happening with a minimum of time and confusion.[51]

2. Ongoing Wellness Inventory

A simple tool for helping clients and counsellors assess client wellness, as well as progress made over weeks and months of counselling, is shown below.

Use the medicine wheel, and look at mental, emotional, physical, and spiritual wellness (each one separately).

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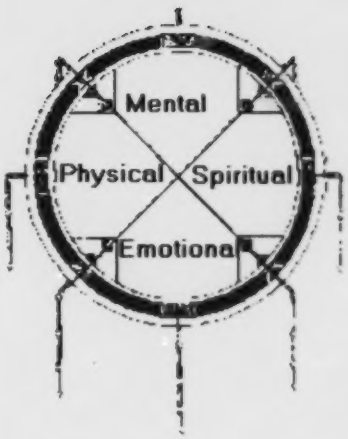
51 The best all-around forms we have seen were developed by the Native Court Workers of Alberta for work with their sexual abuse and addictions-related clients. See Chapter 8 Resource pages for sample sections of their form.

With the support of the counsellor, the client answers four questions about *each* quadrant:



a. what is it like now? How healthy are you now?

b. what would it be like if you were really healthy in this area? (goals for a healthy future.)

c. what actions are needed to move you toward being more healthy in that area?

d. what is your plan? For the next day? Week? Month? Your goals? Indicators of success? Scheduled time to re-evaluate?

So, for example, in the physical health area, the client may say, "Now I am not eating or sleeping very well. My goals are to eat at least three nutritious meals per day, and to get eight hours of sleep for at least five nights out of every week."

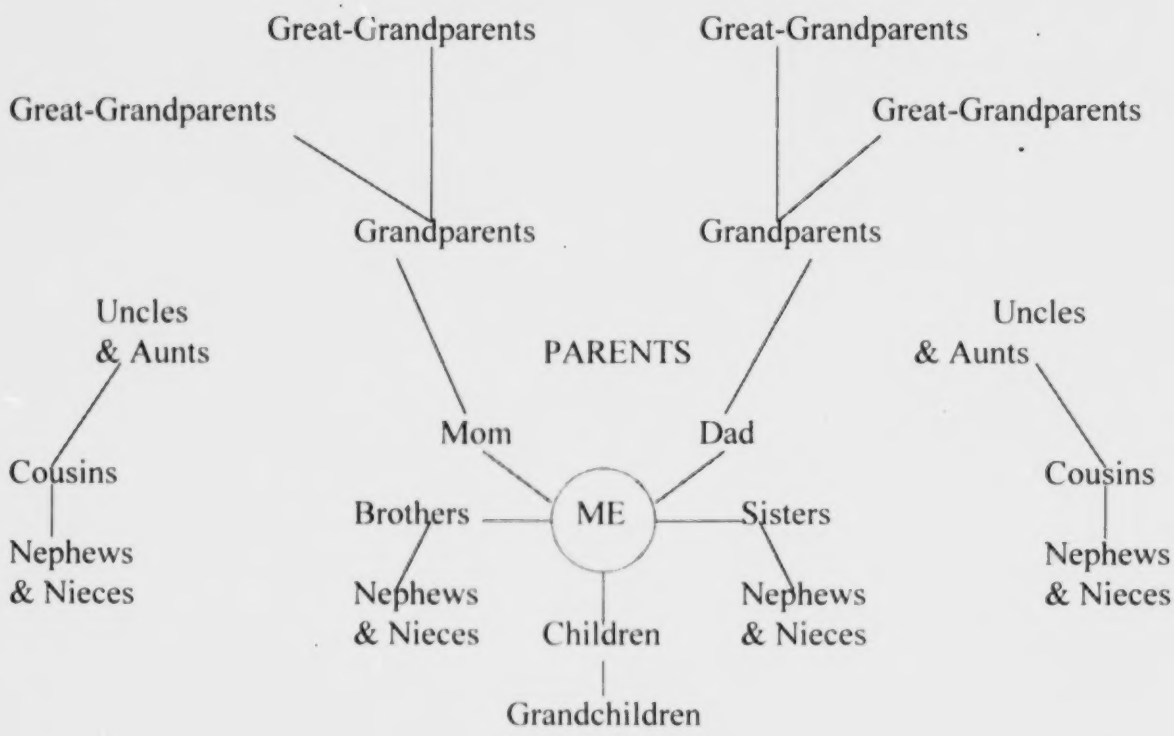
The client's assessment and plan can be reviewed by the counsellor and client on a monthly basis. The process will help to educate and motivate the client, and it will also tell the counsellor a lot about the client's overall progress (the ability to make goals, keep commitments, be disciplined, etc.)

3. The Family Tree

Making a family tree can be a powerful tool for reconnecting the client to his or her family and cultural past, as well as for analyzing family of origin dysfunctional patterns such as addictions and abuses.

The client simply makes a chart showing his or her family history as far back as information is available.

FAMILY TREE DIAGRAM



The exercise can be much expanded by getting the client to interview the other family members to provide the names and stories of those the client doesn't know. Once the *names* and positions on the tree are established, the client is then asked to talk about his or her relationship with *each* person. Positive (why?) Negative (what happened?) Neutral? Any history of abuse? Addictions? Interesting stories?

Through this process, the client can often discover how sexual abuse and addictions got into the family system, and how the client's problems are connected to the wellness history of the entire extended family.

4. Use of Indicators of Progress or Risk

Another often-used tool is a list of simple indicators that tell at a glance if the client is doing well, or if he or she may be at some risk. By checking "yes" or "no", the counsellor and client can make a very rapid assessment of the situation. Following is a brief list of sample questions.

		Yes	No
1.	Attendance at all scheduled counselling sessions?	____	____
2.	Currently drinking or using drugs?	____	____
3.	Drunk/high in the last week?	____	____
4.	Doing what she/he planned to in his/her wellness plan.	____	____
5.	Demonstrated ability to say "no" and to remove oneself from at risk situations.	____	____
6.	Social support system working.	____	____
7.	Any current crisis in family, jobs, friends, etc.	____	____
8.	Feeling depressed; dark or suicidal thoughts.	____	____
9.	Feeling angry, like striking out.	____	____
10.	Feeling okay physically?	____	____

Supervision Reports

The work of the Response Team is work that can affect the lives of many people. It is important work that requires knowledge, skill and due diligence to carry out. The continuous improvement of team performance is a fundamental and necessary part of what it takes to have a successful team. This means team *members* must be subjected to consistent fair and open processes of monitoring, evaluation and learning for improvement. Also, *the whole team* as a unit must be watched over and guided to ensure that quality performance standards are maintained and that time and energy are given to new learning for continuous improvement.

Supervision reports enable everyone involved with the team to know where they stand, and to have a clear idea what they need to work on. Written records also make it possible to justify making personnel changes in team membership when it is necessary to do so.

Monitoring and Evaluation Reports

In addition to team members performance, it is important to assess *program performance*. Program performance refers to both the **outcomes** and the **processes** being used to reach those outcomes. The usual audiences for monitoring and evaluation reports are the following:

1. **The community** – the community needs to know if the program is really meeting the needs for which the program was set up. It may be that adjustments are needed in the program or in *other* programs, so that the totality of community programming really meets the range of needs that are present. The community also needs to be informed (from time to time) about what the team is doing and what they are accomplishing. This is an important dimension of public relations. If the community is involved in *conducting* the evaluation through a participatory methodology that involves those impacted by the team's work in evaluating that work, community ownership, and support of the program will generally increase.

2. **Community political and program leaders** – The stability and success of any community program depends on winning and keeping the goodwill and the understanding of what your program is really trying to achieve. Unless community leaders understand it and agree with its aims, they will generally not support it. Evaluation reports can be used to educate community leaders, and to win them over to supporting your program.

3. **Funders and outside helpers** – Most community-based sexual abuse Response Teams will require funding and other kinds of help from outside of the community. The essential questions outside supporters need to know are the following:

    a. *Effectiveness* – Is the program doing what it is funded and set up to do? What improvements are needed? What barriers are being encountered? Are the good guys winning?

    b. *Cost-Benefit* – Is the program saving the government money by changing community conditions or by preventing things from happening that would cost much more money in the future? What evidence can be shown that the cost invested in the program is bringing long-term benefits to the community and to program partners?

    c. *Value-Added* – What could outside helpers contribute (value-added) to the program, in terms of helping to remove barriers, providing technical support, backstopping and training, etc.?

    d. *Sustainability* – Is the program moving toward some measure of financial independence (if appropriate)? Is the program growing to develop a life of its own, independent of the personalities of the program chairpersons and originators? Does the program have community support? Is the program developing effective collaborative relationships with other (allied) programs?

Time and Rewards

While keeping good records may be important, it can often seem pointless or impossible when community workers are run off their feet trying to respond to a never ending series of crises.

The only way we know to insure that record keeping becomes a valued part of a team's work routine is budget time within each worker's daily work activities. Strategies that need to be built into a team's work pattern include **requiring** records to be kept to a certain specification, to have **supervisors review** each worker's files on a regular basis, and to **reward** workers for keeping good records (i.e. professional advancement).

Referral Services

The Response Team cannot expect to be all things to all people. In most areas, there already exist resources (programs, people, services, etc.) that could be tapped to help the community in its effort to overcome the impact of sexual abuse.

Some aboriginal communities are so remote that they really have very little day-to-day access to services and resource people found closer to larger centers. It is therefore difficult to generalize about what services are available. Nevertheless, we have found that most communities have at least *some* of the following:

1. *Community Nurse* – sometimes the nurse lives in the community and sometimes not. This person is the community's line to medical and other health services. Usually the nurse knows the system and will have some idea how to get help in specific areas.

2. *Alcohol and Drug Counsellor* – this person usually has some training in addictions and counselling, and is responsible for referring people to addictions treatment programs.

3. *AA and Other 12-Step Programs* – usually organized in the formal support groups that meet once or twice a week to encourage and help those in recover from addictions.

4. *Healing Circles* – these groups can include anyone from the community trying to improve their lives. It could be youth, single moms, sexual abuse survivors or people in recovery from addictions. Sometimes groups specialize in one of these areas, and sometimes everyone meets together in the same group. Usually a talking circle format is used to give participants the opportunity to share their feelings, and to listen and support other participants in their healing process.

5. *CHR (Community Health Representative)* – usually employed by the band, this person is trained in basic health education and helping community members meet their needs for health services.

6. *Spiritual Advisors* – most communities have church leaders and/or cultural leaders to whom those in need can turn for advice and help.

7. *Natural Helpers* – most communities have individuals who volunteer their time and energy to help others.

Beyond the Community

Most regions have (or can access) people who do the following:

1. *Forensic Assessment* – This is a registered psychologist who has special training in working with referrals from the courts, and is able to assess sexual abusers as to their potential for rehabilitation or risk of re-offending.

2. *Mental Health Professionals* – including counsellors, psychologists, psychiatrists, and psychotherapists capable of working with victims of abuse and other trauma, abusers, and any individuals who are experiencing severe mental illness (such as disassociation, MPD, or extreme depression).

3. *Treatment Centers or Mobile Treatment Programs* – These are programs that specialize in helping community people to heal from addictions and trauma, and to learn new patterns of living. Sometimes treatment programs work with whole families, or even whole communities.

Taking a Resource Inventory

Most regions already have a resource inventory or access catalogue already prepared. It is critical that newly forming Response Teams *map* the regional resource base very carefully to find out who does what, how resources can be accessed (and under what conditions), and where the gaps are.

For each resource, make a card that answers the following:

1. *Services* – What can this resource give or do for your clients?

2. *Who? What?* – The proper contact name of the organization and key people?

3. *Access* – Where is the service located? Where does a client have to go to get it? Will it come to the community? What is the cost and procedures for accessing the service? If there is a cost, who pays? When can the service be accessed (hours of operation, waiting time)?

Most aboriginal community response teams will need to piece together a combination of local and regional agencies and resources to cover all the needs. The way to start doing this is to list the needs for referrals and other help you can **anticipate** and collect the

above listed information for those services. Don't overlook local people such as teachers, social workers, clergy, or police who might have the skills, the time and the willingness to help at least until long term solutions can be found.

Ethical Issues

As stated earlier, the work of the Response Team is important work that can impact the lives of many people. It is very critical that the team members take their responsibilities seriously. The following are some of the most pressing ethical (i.e. moral) issues facing Response Teams.

1. Staying healthy enough to not pass on their own hurt and dysfunction to clients.

2. Being honest enough to know if they are becoming too emotionally involved with clients (either through the re-stimulation of the counsellor's hurt, or through sexual attraction).

3. Maintaining the relationship boundaries between professionals and clients (not friends, not lovers, not parents).

4. Keeping confidentiality – not talking about clients or the content of the client/ counsellor sessions outside the team.

5. Being honest with everyone about what the likely outcomes of legal or healing processes could be.

6. Being willing to remove one's self from cases of circumstances which might put you (as a team member) in a conflict of interest (i.e. if an accused abuser is a family member).

7. Being sufficiently well-trained and well-supervised to recognize situations which are beyond the worker's/team's capabilities to handle effectively. Being willing to call for help when needed.

8. Not overworking staff to the point that they become burned-out or too tired to really take care that their work with each and every client is of the highest quality. (This usually means limiting the number of work hours per week.)

Summary

"The Devil is in the details," goes the old saying. This chapter has underlined the importance of paying close attention to the details of legal administrative record keeping and ethical issues. We have argued that responding to sexual abuse is serious, sometimes very sensitive, and even potentially dangerous process. People's lives, their health, and their long-term well-being can be at serious risk. That is why there are laws about how

sexual abuse cases must be handled, and that is why we have included a chapter outlining what the most important of these details are, and explaining some of the reasons why care and discipline are needed in handling them.

The first significant detail we talked about was the critical necessity of building constructive partnerships and agreements between community leadership, community service agencies, the justice system (police, prosecutors and courts), child protection services, and those responsible for facilitating the healing process. These partnerships and agreements need to be further developed into a response plan which integrates and coordinates the intervention and services of all the key players. The group working together to manage and carry out this integrated response is the Community Response Team in the model we have presented.

The Community Response Team members are often under considerable pressure. They have carefully defined legal and professional responsibilities such as investigating and validating the facts at the time of disclosure, ensuring that all cases of suspected abuse have been reported to the proper authorities testifying in court, and ensuring that abusers cooperate with their treatment programs.

Because of the controversial and sometimes highly public nature of the work, team members can be subjected to all sorts of social pressures from their own family and community members. The personal wellness of team members is a precious resource, and it needs to be protected, given a high priority, and taken care of systematically.

We also talked about why keeping good records is tremendously important to effective Response Team work. Some of the reasons we gave included the following. It allows all the various players to harmonize their respective mandates and processes, it enables outside professionals to step in at any time, it makes effective supervision of team members' work possible, and it is vital to the work of the courts, child protection services, and mental health professionals, all of whom depend on good record keeping to guide what they do.

Community-based response teams cannot be all things to all people. In most regions there are other resources such as mental health professionals, AA and other 12 step programs, and natural helpers from within the community or who can be called upon to add support to the work of the team.

Finally, ethical issues are another kind of detail that needs careful attention. Some examples of ethical issues include team members not passing on their own hurts to clients, maintaining boundaries between professionals and clients, and keeping confidentiality.

In summary, it turns out that the details add up to make the difference between excellence and disaster in Response Team work. In the traditional past, extreme skill and care was needed in conducting a hunt or living through a blizzard. The details meant the difference

between life and death. If someone became too lazy or too fuzzy in their thinking to take the time needed to do things right, they might well have not survived. In the same way, Response Teams are dealing with life and death issues. The well-being of the people is at stake. It's well worth doing things right.

Conclusions

This book was written because there are many Canadian aboriginal communities now actively struggling to find ways of dealing with high levels of sexual abuse. The challenges they face are not at all simple or easy to address. Internally, there may be an active core group of people determined to rid their community of all forms of abuse, but quite often this group is small, and peripheral to the circles of power that shape community life. Quite often communities that suffer from high levels of sexual abuse have also experienced high levels of addictions. What this usually means is that patterns of thinking and acting people learned when growing up with addictive families (such as adherence to the don't trust, don't talk, don't feel rule, sabotaging the success of others, a strong need to manipulate and control others, generally destructive patterns of human relations, and over the top of all of this, denial that there is any real problem) — these patterns tend to color and shape much of what happens in community life. This general set of characteristics makes it extremely difficult to mobilize political, professional, or community attention to address any issue, but especially an issue that is as deeply connected to the layers upon layers of accumulated hurt the community is carrying as is the issue of sexual abuse.

Externally, aboriginal communities have faced an uphill battle trying to convince the courts, prosecutors, police, child protection professionals, and others to see the fact that aboriginal cultures generate completely different understandings of what sexual abuse is and how it should be dealt with than the one currently held by the dominant European culture. Essentially the aboriginal view calls for a process of healing, rehabilitation and reconciliation aimed at restoring balance between all of the human beings affected by the abuse. From the aboriginal perspective, both the victim and the abuser need treatment and considerable community care.

By contrast, the dominant society tends to see sexual abuse as a gross violation of human rights, as a breach of the law. From this point of view, the appropriate response to what is essentially a legal problem is punishment. The law has been broken and the abuser should be punished. The victim, within this perspective, should be isolated and protected from the abuser (forever in most cases) and should receive the treatment necessary to restore normal life functioning. This view tends to overlook the process of restoring balance that is so essential to a healthy family and community life, as seen from the aboriginal perspective. It also fails to address the fact that abusers are human beings, many of whom were abused themselves.

In some Canadian aboriginal communities, upwards of 90% of young people report that they have been sexually abused in some way.[52] We know that in many communities the number of people who have experienced some form of sexual abuse is high. This means that the number of people who have been (or are still) abusers in those communities is also quite high. As one elder put it, a community-based healing approach is probably the only strategy that will work. The punitive approach would require "putting a fence around the whole community" to address the high levels of abuse that are hidden there. Clearly another way had to be found for dealing with the issue.

This volume has outlined one such approach. The Community Response Team Model presented here has developed through broad-based consultation and experimentation through the work of many individuals and organizations across Canada. The list includes individuals such as Dr. Cruz Acevedo, Lee Oates, Dr. Peter Fuller, Maggie Rodgson, Phil Lane Jr, Jane Middleton-Moss, and community groups and organizations such as The Alkali Lake (British Columbia) Indian Band, The Hollow Water (Manitoba), the Nechi Institute, Round Lake Treatment Center and Four Worlds.

Essentially, the model we have presented addresses the following key issues.

1. No solution will work (to uproot abusers and end it forever) that does not involve the healing of the whole person, the whole family, and the whole community.

2. Therefore a community healing and development approach is needed that actually helps to change the basic human relationships that contribute to the cause of the abuse, or that perpetrate it.

3. Sexual abuse is fundamentally an abuse of power, and therefore, the combined will of the community and the law are used to restore the balance of power, and to force abusers to undergo healing processes or else face severe social and legal consequences.

4. The Response Team model calls for a weaving together of the legal, child protection, and mental health streams of response to abuse into one integrated and coordinated program (the community response team).

5. The Response Team program is made possible through a set of negotiated agreements between the various legal, professional agency and community stakeholders. These agreements spell out a response plan outlining how each sexual abuse disclosure must be handled, what role each of the agencies will play in the response, and how a response will be coordinated to bring about the most positive outcome possible under the circumstances.

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52 This figure was arrived at through a process of consultation between the Four Worlds Development Project and some five thousand Canadian aboriginal young people in a youth healing and training program called "Spirit of the Rainbow" between 1986-1988.

6. The Response Team usually involves mental health professionals (such as counsellors), a police representative, a child protection agency representative and community members (often elders).

7. The Response Team work is sensitive, stressful, and demanding in terms of knowledge and skills. For this reason, Response Teams need special training and professional supervision and backup.

8. The Response Team approach requires that communities learn and pay careful attention to what we have referred to as details, related to team discipline and organization, record keeping, team wellness levels, ethical conduct, and continuous improvement towards excellence in practice.

This volume was written as an introduction, and was intended to inform anyone interested in working on the challenge of sexual abuse from a community-based platform about what is involved in mounting an effective community response. What we have not provided is a how-to manual. There is still a great deal to learn that could not be covered in a text of this introductory nature. Please do not initiate community interventions based on the models, principles, and strategies provided in this book without training and professional supervision and backup.

While we have taken care to warn readers to get the training and help needed to insure an effective (and sustainable) community response, we also want to assure you that what there is to learn can be learned. It is not rocket science, and might be better termed common sense, laced with practical experience.

The most wonderful part of undertaking the challenge of helping your community to free itself from all forms of abuse is that you will have to begin with yourself (how can we take to others what we don't have ourselves). And as you become progressively more healthy, your life and your daily work will become increasingly filled with moments of deep love and caring for the people you serve. You will soon find that this work is not just a job, but a spiritual journey, and that as you walk the path yourself, the path becomes more visible to others.

RESOURCES

FOR

CHAPTER EIGHT

Hollow Water Response Team Guidelines

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I. DISCLOSURE

Disclosures come from many sources, some accidental and some intentional. They may come from a victim, a family member, a spouse, a community member who witnesses an abuse, or even the victimizer him/herself.

It is important that all members of the Resource Group be available to the community for disclosures. The person who receives a disclosure regarding the victimization of a child has three primary responsibilities:

1. To get as much information as possible as to the FACTS of the allegation;
2. To continue as a natural ally to the person who made the disclosure;
3. To pass the information to the Assessment Team Coordinator immediately.

Upon receiving this information, it is then the responsibility of the Coordinator to:

1. Contact the R.C.M.P. and

    a) inform them of the disclosure;
    b) invite them to attend a meeting of the Assessment Team where the information received will be discussed, and the subsequent intervention planned.

2. Call a meeting of the Assessment Team to

    a) discuss the disclosure;
    b) complete an assessment/history of the individuals & families involved; and
    c) plan the actual intervention that will follow. This plan will identify specifically WHO is taking responsibility for WHAT. WHEN. The safety of all family/community members will be a primary factor to be taken into consideration in the details of the planned intervention.

3. Ensure that all 13 steps of this process are followed in the proper sequence.

(Steps 2 and 3 occur simultaneously, with Priority given to step 2, Protecting the Child)

II. PROTECTING THE CHILD

Throughout this "Community Alternative" the protection support, and healing of the victim takes priority. There can be no compromise made relative to the victim's healing process.

The person(s) from the Assessment Team taking responsibility for assisting the victim, using whatever Resource Group members necessary, must:

1. Involve Child & Family Services;

2. Identify a safe home, and make arrangements for the victim's stay;

3. Validate the disclosure; (Since the community will have a say in the role which the court system will play, this process can concentrate on healing rather than punishment. The victim does not have to be defensive and, consequently, the openness of the process promotes the beginning of a return to balance of the individuals involved.);

4. Take the victim to the safe home;

5. Ensure that an ally is available to the victim;

6. Ensure training and on-going support to the safe home;

7. Make whatever arrangements are necessary for the victim eg. medical assessment, admission to victim's/survivor's group, etc.

III. CONFRONTING THE VICTIMIZER

Although the protection, support, and healing of the victim takes priority, we believe that the major focus of dealing with sexual abuse needs to be shifted to include the victimizer, thereby also dealing with the source of the problem and beginning the process of restoring balance within the individuals, families, and community involved.

The person(s) from the Assessment Team taking responsibility for assisting the victimizer should feel comfortable with the alleged offender and see him/herself as a potential ally to the victimizer. It is also important that this person has already begun his/her own healing process.

This person (confronter), using whatever Resource Group members necessary, must:

1. Approach the alleged victimizer and confront him/her with the information gained in the disclosure;

2. Explain that the victim has been removed and will be staying in a safe home until the community can resolve the situation. (The other preferred option, if the alleged victimizer is willing, would be to remove the victimizer to a safe home);

3. Explain that there is a good possibility that the matter could be handled by the community depending upon:

a) the severity of the offence(s) and
b) his/her willingness to cooperate that the matter could be handled by the community, in conjunction with the court system;

4. Make it clear that any attempt at interference with either the process or the victim will result in the community assuming a secondary role and the matter being handled primarily by the court system;

5. Ensure that an ally is available to the alleged victimizer; (This ally will have to be extremely sensitive to the potential for suicide and/or violence toward others, and offer non threatening and non-judgmental support, without reinforcing the alleged victimizer's denial system.)

6. Inform the alleged victimizer that it will be necessary for him/her to

a) accept full responsibility for what has happened, and
b) undergo a psychological assessment if he/she is going to chose the Community.

Alternative:

7. Tell the alleged victimizer that he/she will be contacted within five days as to:

a) what the community concludes after completing its assessment, and
b) what the community can offer in terms of dealing with the offence(s) in a traditional healing manner.

8. Make whatever arrangements are necessary for the victimizer e.g. psychological assessment, admission to victimizer's group, etc.

IV. ASSISTING THE SPOUSE

As with the alleged victimizer, this can be an extremely difficult time for the spouse. Denial, anger, possible suicide, and potential violence toward others are all real possibilities.

The person(s) from the Assessment Team taking responsibility for assisting the spouse, using whatever Resource Group members necessary, must:

1. Approach the spouse and present him/her with the information gained in the disclosure;

2. Explain what has happened thus far in terms of both the victim and alleged victimizer;

3. Explain the possibility of the matter being handled by the community, in conjunction with the court system;

4. Ensure that an ally is available to the spouse;

5. Make whatever arrangements are necessary for the spouse. e.g. admission to survivors' group, etc.

V. ASSISTING THE FAMILY/IES

In some cases the family of the victim and victimizer will be one and the same. In other cases, they will be different. In most cases they will be from the same community In all cases the pain brought about by a disclosure will have a rippling effect throughout the community and many people in both the immediate and extended family/ies, will be affected.

The person(s) from the Assessment Team taking responsibility for assisting the family/ies, using whatever Resource Group members necessary, must:

1. Approach appropriate members of the immediate and extended family/ies and present the information gained in the disclosure;

2. Explain what has happened thus far;

3. Explain the possibility of the matter being handled by the community, in conjunction with the court system;

4. Ensure that an ally is available for all family members requiring this type of support;

5. Make whatever arrangements are necessary for the family members, e.g. admission to survivors' group, etc.

VI. MEETING OF ASSESSMENT TEAM/RCMP/CROWN

This meeting will be called by the Coordinator as soon as the first five steps of this process have been completed (within four days of disclosure).

The purpose of the meeting is to:

1. Present all information obtained thus far;

2. Decide how to proceed. There are three possibilities:

    a) the facts do not support the allegation; (In this case the victim would be returned to the family and the family worked with until it is back into balance.)

b) the facts support the allegation, but for some reason (offence too serious, community resources too limited, victimizer not willing, etc.) it is most appropriate for the court system to assume the primary role; or

c) the facts support the allegation, and the victimizer should be given the choice of proceeding within the community alternative. (In this case a Healing Contract would then be drawn up for presentation to the victimizer.)

3. Review responsibilities of respective meeting participants regarding the decision as to how to precede or who will do what, and when.

VII. VICTIMIZER MUST ADMIT AND ACCEPT RESPONSIBILITY

The person(s) from the Assessment Team takes responsibility for assisting the victimizer and using whatever resources necessary, approaches the victimizer and:

1. Informs him/her of the outcome of the investigation; or

2. Explains the two primary alternatives available (legal/legal and community);

3. Explains to the victimizer that, in order to restore balance and begin his/her healing process he/she must admit to the offence(s) and accept full responsibility for his/her actions. To this end, the victimizer must:

   a) provide a voluntary statement (cautioned statement) to the RCMP outlining specifically his/her total involvement with victim(s). (This statement will be made with full knowledge on the part of the victimizer that if the Assessment Team becomes aware of any victim(s) or information not included in the statement, and/or the victimizer refuses to comply with the community alternative procedure at any point, and/or there is any recurrence of the offense the court system will immediately be asked to assume the primary role.)

   b) undergo a psychological assessment and agree to releasing the information obtained in this assessment to the Assessment Team.

4. Present the Healing Contract;

5. Inform the victimizer that he/she has to:

   a) make a decision as to which primary alternative will be pursued;

   b) inform the Assessment Team of this decision within two days.

Failure to comply with the above would result in the court system assuming the primary role.

VIII. PREPARATION OF THE VICTIMIZER

If the victimizer admits to the allegations and is willing to accept the Community Alternative, he/she must then be prepared for the next step in the healing process, an appearance before a special gathering of the Resource Group, selected members of his/her family, the victim(s), and selected member of his/her/their family/ies.

This preparation would be completed by the person(s) from the Assessment Team who has taken responsibility for assisting the victimizer again using whatever resources are appropriate and would include:

1. an explanation of what will happen; and

2. what will be expected of him/her.

IX. PREPARATION OF THE VICTIM(S)

As with the victimizer, the victim(s) must be prepared for the next step in the healing process, the appearance of the victimizer before him/her/themselves, selected members of his/her/their family/ies, and the Resource Group.

The victim(s) must be prepared to the point where he/she/they are at least willing to TRY to forgive the victimizer for what has happened.

This preparation would be completed by the person(s) from the Assessment Team who has taken responsibility for assisting the victim(s), again using whatever resources are appropriate, and would include:

1. an explanation of what will happen; and

2. what will be expected of him/her/them.

X. PREPARATION OF THE FAMILY/IES

As with the victimizer and victim(s), selected members of their families must be prepared for the next step in the healing process the appearance of the victimizer before themselves, the victim(s), and the Resource Group.

The selected members of the family/ies must be prepared to the point where they are at least willing to TRY to forgive the victimizer for what has happened.

This preparation would be completed by the person(s) from the Assessment Team who has taken responsibility for assisting the family/ies again using whatever resources are appropriate, and would include:

1. an explanation of what will happen; and

2. what will be expected of them.

XI. THE SPECIAL GATHERING

Once the victimizer, the victim(s), and selected family members have been prepared, the Coordinator will arrange for the victimizer to come face-to-face with:

1. the Resource Group, who represent the (healing) community,

2. the victim(s), and

3. selected members of the family/ies to answer for his/her misconduct.

The gathering will occur at a time and place agreed upon by all involved, and the seating arrangement will take the form of a circle.

The Special Gathering has ten steps:

1. The Ceremonial Opening.

This marks the gathering as an event of importance. Preference as to the exact nature of the opening will be given to the victimizer/victim(s), but could include a song a prayer, or some form of religious or traditional ceremony.

2. The Declaration of Purpose.

The Coordinator will address the gathering and explain its purpose as follows:

a) to hear the details of the offence;
b) to speak publicly to the victimizer about the offence;
c) to look at ways of dealing with the offence that will heal all persons involved and reunite the community;
d) to demonstrate that such behavior is unacceptable, but that healing is possible and supported;
e) to learn something about sexual abuse in general through an educational process; and,
f) to have all people present accept responsibility for supervising the Healing Contract.

3. The Explanation of the Offence.

The assessment team members will then explain the offence.

4. The Victimizer Accepts the Validity of Charges and the Procedure.

The Coordinator then asks the victimizer if he/she: (a) accepts the charges as true, and (b) is willing to participate in the proceedings. If the victimizer rejects either or both conditions the Coordinator explains that the gathering must be brought to a close and that the court system will be asked to assume the primary role.

If the victimizer accepts both conditions, the gathering can continue.

It is the community's responsibility to support the action of the Coordinator based on the offender's decision.

5. The Educational Process.

This part sets the stage for the rest of the proceedings. It helps to educate all the people present about the seriousness and the dynamics of the offence. It sets the emotional stage necessary for change in attitudes to occur. It is, in effect, a mini-workshop, and can include lectures, videos, and handouts. ("Something About Amelia", a video which runs through the dynamics involved in sexual abuse and ends with the reuniting and healing of all family members will most likely be used).

6. The Victimizer Verbally Accepts Full Responsibility For His/Her Action.

Now that all present have a better idea of what it is they are dealing with, the victimizer is asked by the Coordinator to accept full responsibility for the offence without rationalization, justification, or reservation.

Again, if the victimizer fully accepts responsibility for the offence, the gathering can continue. If not it is turned over to the court system as the primary agent.

(If a break is necessary, this would be a good time. It will give people time to think about what they have learned, and to gather their thoughts about what they would like to say to the victimizer.)

7. The Participants of the Gathering Speak.

This is the heart of the traditional healing process, and allows the community to show its concern for all involved. Here the people have a chance to speak openly to:

a) the victimizer, telling him/her how they feel about the offence, encouraging him/her to accept full responsibility, and offering their support for his/her healing;

b) the spouse about his/her responsibility in helping in the healing process, or perhaps talking to him/her about their part in the abusive situation if it is appropriate; and,

c) the victim(s), relieving them of any guilt they may feel, reassuring them that they are not responsible for the offence, and offering support.

When appropriate, and the victimizer, spouse, and victim(s) are willing, the idea of the family reuniting in the future (after the healing process has taken place enough to ensure that such behavior will not be repeated) is encouraged and supported.

Members of the group are free if they feel that it will help in the healing process to relate their own experiences in the past of being abused or being an abuser and the problems that occurred as a result.

8. Healing Contract Presented.

At this point the Coordinator will present the Healing Contract developed in step VI to the whole group for their:

a) comments and feedback;
b) support; and,
c) eventual supervision.

The Healing Contract will contain/address three general areas:

a) some degree of punishment, but the result must enhance the community as well as the victimizer's self-esteem. This would likely take the form of community service work;
b) protection against further victimization; (This would likely take the form of restricted access potential victims for a specified period of time.)
c) treatment. (This would likely take the form of individual counselling attendance at support groups, etc.)

If the participants of the gathering, through consensus, recommend changes in the Healing Contract. It would be the responsibility of the Coordinator to contact the RCMP and Crown with the recommendations for their approval, before the changes are accepted.

In the future, after the community has progressed in its own healing, we anticipate that the Healing Contract will actually be drawn up by the participants at the gathering, rather than by the Assessment Team/RCMP/Crown. It would than be the responsibility of the Coordinator to contact the RCMP and Crown with the proposed Healing Contract, for their approval.

9. The victimizer publicly apologizes and accepts Healing Contract.

At the request of the Coordinator, the victimizer is now asked to

1) Publicly apologize to the victim(s), accepting full responsibility for what has happened, and reassure the victim(s) that it will not happen again.

   i) the spouse, and
   ii) the group-at-large. .

2) Publicly agree to abide by the conditions of the Healing Contract, and state that he/she understands that any failure to comply with the conditions will result immediately in the court system being asked to assume the primary role.

10. The Ceremonial Closure.

This again marks the gathering as an event of importance.

Preference as to the actual content of the ceremony will be given to the victimizer/victim(s).

XII. THE HEALING CONTRACT IMPLEMENTED

It is the responsibility of the Coordinator, using whatever Resource Group members necessary, to ensure that the conditions of the Healing Contract are implemented and carried out as intended.

The role the participants of the Special Gathering play in supervising the contract is essential to the healing of the victimizer, victim(s), family(ies), and community.

Any failure of the victimizer to comply with ANY conditions of the Healing Contract will result immediately in the court system being asked to assume the Primary role.

N.C.C.A. ORIENTATION AND INTERVIEW FORMS 1994

DATE: **CNSLR CODE:** **CASE #:**

Name:		Referral Date:		
Alias:		Personal Health #		
		Birthdate: Yr. Mo. Dy.		
		Birthplace:		
		Band Name:		
		Band Number:		
Surname at Birth:		Band District:		
Address:		Province:		
		How long?		
		Native Language:		
Postal Code:		Fluent:	YES	NO
Telephone Number: (Home)		Sex: Male Female Other		
Message Number:		Can you read?	YES	NO
( )		Can you write?	YES	NO
Status	Non Status			
Metis	Inuit	Do you understand that you do not have to answer		
Other		any of the questions?	YES	NO

LEGAL STATUS: Please check			
No Involvement	Outstanding Warrants	Outstanding Fines	Bail/Own Recognizance
Parole	Probation	F.R.A.	Youth Court
Criminal Court	F.C.S.A.	Other	

Name of Lawyer or Legal Aide:	
Address:	
Phone Number: ( )	Fax Number: ( )
Name of Parole/Probation Officer:	
Address:	
Phone Number: ( )	Fax Number: ( )
Name of Social Worker:	
Address:	
Phone Number: ( )	Fax Number: ( )
Name of Financial Aid Worker:	
Address:	
Phone Number: ( )	Fax Number: ( )
Name of Child Care Worker:	
Address:	
Phone Number: ( )	Fax Number: ( )
Name of Crown Council:	
Address:	
Phone Number: ( )	Fax Number: ( )

Legal Status:	First Offence:	Repeat Offence:
Court Date:		

Name of Offence/s:

DO YOU HAVE: Please check	YES	NO
a restraining order against you?		
a Peace Bond against you?		
a Peace Bond against someone else?		
Was Alcohol/Drug involved?		

Is treatment a condition of your: Please check	YES	NO
Parole/Probation Order		
Social Service referral?		

Is Alcohol Drug counselling a condition of your: Please check	YES	NO
Parole/Probation order?		
Social Service referral?		

Is Family counselling a condition of your: Please check	YES	NO
Parole/Probation order?		
Social Service referral?		

Is Specialized Counselling (i.e. Sexual Abuse/Sexual offender	YES	NO
a condition of your: Please check		
Parole/Probation order?		
Social Service referral?		

FAMILY:

Do you have children? YES NO

If Yes, how many at home? _____

How many are your biological children? _____

How many are foster or step children? _____

How many pregnancies have you had? _____

How many miscarriages? _____

How many abortions? _____

Will you allow the children to be seen by a counsellor? YES NO MAYBE

Names of Children	Birthdate			Registered		
	YR.	MO.	DAY	YES	BAND NAME	NO

If they have been apprehended, are they: Please check	YES	IF YES, # OF TIMES	NO
in a Foster Home?			
with Relatives?			
with Friends?			
at Home?			

May we have the name and address above?

MARITAL STATUS: PLEASE CHECK

Married	Common Law (over 2 yrs.)	Common Law (under 2 yrs.)
Widow/er	Separated	Single
Divorced	Other	

Is your spouse/partner in being seen by a counsellor? YES NO

His/Her Name Birthdate: Yr. Mo. Dy.

PRIMARY SOURCE OF INCOME: (In past 12 Months) Please check:

M.S.S.	U.I.C.	Employment
Band	Student Loan	Pension
Self Employed	Carving	Weaving
Seasonal	Fishing	Other

Average Income (per month): $ _____

EMPLOYMENT STATUS:				
Employed?	Yes	No	Self	Occupation:
Employer:				
Address:				
Phone:				
Work Record:	Good	Fair	Poor	
If No, how long was your last job?				
How long were you employed?				
What were your reasons for leaving?				

HEALTH:

Current state of health: Good Fair Poor

When were you last medically tested?

When was your last dental exam?

When was your last eye exam?

Any current long term medical problems? Yes No

If Yes, please check:

Diabetes	Arthritis	Heart Disease
Allergies	Other	

Any communicable diseases? Yes No

If Yes, please check

Tuberculosis	Venereal Disease	Hepatitis
H.I.V.	AIDS	ARC
Diphtheria	Sclerosis	Scabies
Lice	Other	

Are you on prescription medication? Yes No

If Yes, for how long?

Is it ongoing? Yes No

Are you using over the counter medication? Yes No

If Yes, what kind?

Have you been hospitalized within the past 30 days? Yes No

If Yes, was it: Alcohol Drug

Gas Glue

Other Inhalents Other

Have you recently had a car accident? Yes No

Have you had previous psychiatric treatment Yes No

Have/Are you seeing a psychologist? Yes No

Have/Are you seeing a psychiatrist? Yes No

Have you experienced any family violence?

Physically Mentally Emotionally Spiritually

Have you contemplated/or thought suicide? Yes No

Have you ever attempted suicide? Yes No

If Yes, when?

Do you feel you need to go to a detox facility now? Yes No

Are you suffering withdrawals now? Yes No

Do you suffer from DT? Yes No

REFERRAL: How did you hear about this program? Please check:

Self-referral	Spouse	Relative	Court
Probation Officer	Parole Officer	Police	Detox
Other A & D Client	A & D Counsellor	Hey Way Noqu	M.S.S.
Native Resource	A.A. Program	Friend	Elder
Family Counsellor	Family Advocate	Courtworker	Youth Court
Family Court	Criminal Court	Church	Lawyer
Other			

Did you choose to come to this program?	Yes	No
Are you concerned with your own chemical use?	Yes	No
What is your chemical of choice?		
Are you concerned with your spouse/partner use?	Yes	No
What is their chemical of choice?		
Are you concerned with your family (siblings) use?	Yes	No
What is their chemical of choice?		
Are you concerned with any of your friends use?	Yes	No
What is their chemical of choice?		

EDUCATION:		
Last Grade Completed?	Elementary	Secondary
	Post-Secondary	University
	Residential School	
If attended Residential School, how long?		
Have any of your family members attended Residential School?	Yes	No

ASSESSMENT OF CLIENT:			
Motivation:	Good	Fair	Poor
Mood:	Cheerful	Depressed	Bitter
Attitude:	Complying	Helpful	Hostile

NATIVE COURTWORKER & COUNSELLING ASSN ASSESSMENT FORM: Addictive Clients

DATE: **CNSLR:** **CASE#:**

Which chemical causes you the most problems in the following areas: **Drugs, Alcohol** or **Both?**

Family	Job
Friends	Education
Legal	Financial
Physical	Mental

Which chemical causes you the most overall harm? _____

How many of your present friends are using **DRUGS?**

All Most Some Few None

How many of your present friends are using **ALCOHOL?**

All Most Some Few None

How many times have you stopped using drugs/alcohol on your own?

What was your motivation?

Why did you return to alcohol/drugs?

Why have you enrolled in treatment at this time? (Check all that apply)

Want to get off drugs or alcohol	Want to avoid arrest
Want to avoid criminal activity	Couldn't support habit
Want to improve mental health	Forced by courts
Pressured by family/friends	Want to be self-supportive
Want to improve physical health	Disgusted with Lifestyle
Shortage of drugs on street	MSS

Other: (Specify):

If you stopped using drugs/alcohol do you believe your lifestyle would be:

Substantially improved	Somewhat improved
Unchanged	Worsened

DATE: **CNSLR:** **CASE#:**

INTEREST IN RECOVERY:

Do you believe you have any serious problems? Yes No Maybe

If Yes or Maybe; Do you believe that you need help to deal with these problems?

Yes No Maybe

Do you believe that other people (family, probation officer, school, doctor, employer, counsellor, social worker) feel that you have a serious problem with alcohol/drugs?

Yes No Maybe

If Yes or Maybe; please specify:

PSYCHOLOGICAL HISTORY

PRESENT

Family Structure	Your relationship with family? GOOD/FAIR/POOR	Aware of your habit? YES/NO	Are they Drug/Alcohol users? YES/NO

PAST

Family Structure	Your relationship with family? GOOD/FAIR/POOR	Aware of your habit? YES/NO	Are they Drug/Alcohol users? YES/NO

DATE: **CNSLR:** **CASE#:**

Significant Other(s)	Your relationship? GOOD/FAIR/POOR	Aware of your habit? YES/NO	Are they Drug/Alcohol users? YES/NO

At present, which of the individuals designated above do you consider to be most significant in your life and why?

What are your reasons for designating "POOR/FAIR" relationships in the above:

How do people listed above see your problem?

Are any of the above people aware that you are in counselling? Yes No Maybe

What are their expectations?

Are any of the people willing to become involved in your counselling Yes No Maybe

Specify:

How long has it been since you have had contact with your natural family?

Mother Father Siblings

Grandparents Aunts Uncles

DATE: **CNSLR:** **CASE#:**

How long has it been since you had contact with your Adoptive Foster families?

Mother Father Siblings

Grandparents Aunts Uncles

How would you rate the relationships with the following:

Males:

Friends/Peers Good Fair Poor

Authority Figures Good Fair Poor

Females:

Friends/Peers Good Fair Poor

Authority Figures Good Fair Poor

What are your reasons for designating "Good" relationships in the above?

What are your reasons for designating "Fair/Poor" relationships in the above?

PAST LIVING ARRANGEMENTS (childhood to 1 year ago)

How many places have you lived in? If you lived in more than one, what were the reasons for moving?

Have you considered running away from home or have you run away from home previously?

Why?

What was the longest period that you lived in any one place?

DATE: **CNSLR:** **CASE#:**

If at any time you did not live with your natural family, with whom did you live?

Residential School	Extended Family	Foster Home
Institution	Group Home	Family
Adoptive family	Friends	Other

CURRENT LIVING ARRANGEMENTS (during the past 12 months)

How many places did you live in? _____

What was the longest period that you lived at any one place?

_____

With whom did you live during the longest period? _____

Currently are any of your children NOT living with you? Yes No

If Yes: Are they currently apprehended? Yes No

Have they ever been apprehended? Yes No

Reason for apprehension(s)?

_____

ABUSE HISTORY:

Have you EVER been:

Emotionally/Verbally/Mentally/Abused?	Yes	No
Physically Abused?	Yes	No
Sexually Abused/Assaulted?	Yes	No
Spiritually abused?	Yes	No
Neglected?	Yes	No

How Long did the abuse go on? _____

Who were you abused by: What type of abuse?

By spouse/partner in relationship: N/A

Battered/Physically Abused? Yes No

DATE: **CNSLR:** **CASE #:**

Sexually Abused/Assaulted?		Yes	No
Verbally/Emotionally/Mentally Abused?		Yes	No
Spiritual Abuse?		Yes	No
Parent:	N/A		
Battered/Physically Abused?		Yes	No
Sexually Abused/Assaulted?		Yes	No
Verbally/Emotionally/Mentally Abused?		Yes	No
Spiritual Abuse?		Yes	No
By Sibling(s):	N/A		
Battered/Physically Abused?		Yes	No
Sexually Abused/Assaulted?		Yes	No
Verbally/Emotionally/Abused?		Yes	No
By Relative(s):	N/A		
Battered/Physically Abused?		Yes	No
Sexually Abused/Assaulted?		Yes	No
Verbally/Emotionally/Abused?		Yes	No
By others (Strangers, Authority Figure):	N/A		
Battered/Physically Abused?		Yes	No
Sexually Abused/Assaulted?		Yes	No
Verbally/Emotionally/Abused?		Yes	No

Are you <u>CURRENTLY</u> being abused?

By Spouse/Partner in relationship:	N/A		
Battered/Physically Abused?		Yes	No
Sexually Abused/Assaulted?		Yes	No
Verbally/Emotionally/Abused?		Yes	No
By Parent:	N/A		

DATE: **CNSLR:** **CASE#:**

Battered/Physically Abused?		Yes	No
Verbally/Emotionally/Abused?		Yes	No
By Sibling:	N/A		
Battered/Physically Abused?		Yes	No
Sexually Abused/Assaulted?		Yes	No
Verbally/Emotionally/Abused?		Yes	No
By others (Strangers, Authority Figures):	N/A		
Battered/Physically Abused?		Yes	No
Sexually Abused/Assaulted?		Yes	No
Verbally/Emotionally/Abused?		Yes	No

How long has the abuse been going on? _____

How do you feel about abuse and abusers? _____

_____

_____

What would you like to do about it? _____

_____

_____

APPENDIX A

SAMPLE TRAINING SESSIONS FOR COMMUNITY SEXUAL ABUSE RESPONSE TEAMS

Sample Training Session for Community Sexual Abuse Response Team

This training session is designed to be delivered in two four-day training sessions, approximately one month apart. The purpose of this schedule is to allow for processing and practical experience time between the first and second sessions.

This training session is intended to serve as an introductory session to the background of sexual abuse in Aboriginal communities, to the dimensions of a wellness approach to community-based sexual abuse response programming, and to the some of the practical aspects of the work of community-based response teams. It is not intended to serve as a comprehensive training programming encompassing all the skills (for example, counselling or financial management skills) which are required for all the staff and volunteers working with an effective community-based response team.

Session One

This session draws on the material in the first four chapters of "Responding to Sexual abuse: An Introduction to Important Issues Related to Developing a Community-Based Sexual Abuse Response Team in Aboriginal Communities."

Learning Objectives:

This session is designed to enable the participants to:

- place their understanding of the problem of sexual abuse in aboriginal communities within a culturally appropriate historical and philosophical framework;
- draw on the wisdom, concepts, models, tools, and methods drawn from the traditional past to see the problem of sexual abuse within a wholistic framework and to ground themselves in a set of principles and models derived from traditional knowledge that they can later use in the work of restoring balance within themselves and their communities;
- understand some of the historical forces that lead to current aboriginal community patterns of substance and sexual abuse;
- use the medicine wheel or some other suitable model to describe the dimensions of individual, family, and community life which must be included in a comprehensive definition of wellness;
- use the medicine wheel or some other suitable model to describe the primary forces which promote growth and change in individual and community life;

- understand the connection between sexual abuse and other factors which are part of a larger pattern of imbalance in individual, family and community life;

- define a health promotion or wellness approach and contrast it to a sickness approach;

- explain what is meant by the term indicators or determinants of health, and provide examples at the individual, family, and community levels;

- look carefully at how sexuality is viewed from a number of different perspectives in terms of what is normal and healthy;

- look at the participants' own understanding and views of what is normal and healthy sexuality;

- come to grips with what sexual abuse is and why it is regarded as such a serious problem by:

    - looking at the impact sexual abuse has on its victims,
    - considering the struggles now ongoing within communities concerning sexual abuse,
    - considering the legal consequences.

- to look at the patterns of sexual abuse in terms of:

    - varieties of abuse,
    - the cycle of abuse in families,
    - the progressive stages of the abuse process,
    - patterns of cover up and denial;

- identify sources of sources of caregiver stress;

- recognize the need for personal healing and for a continuous wellness maintenance program;

- identify at least eight strategies for maintaining personal wellness;

- explore their own ability to identify and maintain effective boundaries in terms of such factors as clear job descriptions, as their relationships with their clients, and as the demands of the workplace versus the need for protected family and private time;

- develop a personal wellness plan.

Resource Material:

- "Responding to Sexual Abuse: An Introduction to Important Issues Related to Developing a Community-Based Sexual Abuse Response Team," Chapters One to Four.

- Resource pages to this training Session.

- Videos: "Healing the Hurts" (available from Four Worlds/Four Directions, 1224 Lakemount Blvd. S., Lethbridge, AB, T1K 3K1, phone 403-270-7144); "Child Sexual Abuse: The Clinical Interview," Kee MacFarlane and Joanne Ross Feldmeth, Guildford Press, N.W., 1988.

- Old magazines, scissors, glue sticks, poster board, etc. for making wellness collages.

Agenda – Session One, Day One

- Opening Prayer
- Welcome and Introductions
- Story – The Creator's Gift (see the "Stories" section of the attached resource pages)
- Brief Introduction to the Workshop
- Opening Circle – Expectations and Learning Needs

Break

- Energizer – Self-portrait (see "Learning Games" section of the attached resource pages)
- Presentation – Principles and Teachings for Wellness (see Chapters One and Three of the "Responding to Sexual Abuse" manual)
- Talking Circles – Building on Cultural Strengths

Lunch

- Energizer – (see the "Sample Energizers" section of the attached resource)
- Presentation – Historical Context of Sexual Abuse in First Nations Communities (see Chapter One of "Responding to Sexual Abuse")
- Community Wellness Life-line Exercise (see the "Activities" section of the attached resource pages)

Break

- Energizer – (see the "Sample Energizers" section of the attached resource pages)
- Case Study of Community Healing Movement — The presenter should choose the story of a community with whom he or she is familiar which has made significant progress toward dealing with the problem of sexual abuse (e.g. Hollow Water, Manitoba or some of the British Columbia bands like the Nuu-chah-nulth Tribal

Council which have taken over responsibility for child protection services). The presenter can also ask some of the participants to share the story of their own community's healing journey.
- Discussion
- Temperature Check

Supper

- Video – "Healing the Hurts" or any other appropriate video (see the resource pages for Chapter Seven of "Responding to Sexual Abuse" for some alternative titles.
- Follow-up Discussion

Day Two

- Opening Prayer
- Presentation and discussion – Moving Toward Wellness (see Chapter Three of "Responding to Abuse")

Break

- Energizer – (see the "Sample Energizers" section of the attached resource pages)
- Healing Circles – See Chapter Four, "Caring for the Caregiver," of Responding to Abuse

Lunch

- The Quail Hunter Story (see attached resource pages). Before telling the story, build a web (or net) of the community conditions associated with high rates of sexual abuse. The "Activities Section" of the attached resource pages include instructions for creating a community web. Use this web as a metaphor for the net in the Quail Hunter Story and to illustrate that the only way to free a community which is trapped in this web or net is to work with the whole system of interconnected community conditions.

- Building Healthy Individuals, Families and Communities Exercise – Divide participants into three groups and assign each of them one of the following topics: individual wellness, family wellness, community wellness. Refer each group to the appropriate sample indicators of wellness in Chapter Three of "Responding to Abuse". Using these indicators as well as their own ideas, have each group prepare a collage depicting their assigned topic. Follow-up with a brief presentation from each group.

Break

- Energizer – (see the "Sample Energizers" section of the attached resource pages)
- Role play – Making a case for the wellness approach to the dominant society's institutions. (See the *Community-based Approach vs. the Dominant Society Approach*

Role Play in the "Activities" section of the attached resource pages. Also see Chapter One of "Responding to Sexual Abuse" for the background for this activity).

Supper

- Sex History Questionnaire – Distribute and have participants complete for follow-up on the next day (see the "Handouts" section of the attached resource pages).

Day Three

- Opening Prayer
- Opening Circle – How has your community's understanding of what is "normal and healthy" sexuality changed over the years in your community? How have these changes impacted you and your family? (see Chapter Two of "Responding to Sexual Abuse")
- Energizer – (see the "Sample Energizers" section of the attached resource pages)
- Presentation – Sexual abuse: definition, varieties, phases, abusive family pattern, impact of abuse (see Chapter Two of "Responding to Abuse")

Break

- Energizer – (see the "Sample Energizers" section of the attached resource pages)
- Presentation continued
- Follow-up discussion

Lunch

- Learning Game – Blindfold Square (see "Learning Games" section of the attached resource pages)
- Sexual Abuse History Interviews Exercise and Debriefing — (see evening activity for day two above). Have participants work in groups of three, taking turns with the following roles: interviewer, interviewee, observer. The interviewer should conduct the interview in any way that he or she is comfortable doing so, but so attempt to get the information which is requested on the sexual history questionnaire. The observer should provide feedback at the end of the interview with respect to how effective the interview process was.

Break

- Energizer – (see the "Sample Energizers": section of the attached resource pages)
- Video: "Child Sexual Abuse: The Clinical Interview" (Kee MacFarlane and Joanne Ross Feldmeth, Guilford Press, N.Y., 1988) or some other appropriate visual aid to introduce the topic of interviewing children about sexual abuse.
- Follow-up Discussion
- Homework assignment – Ask participants to complete some type of assessment of their own mental, emotional, physical, and spiritual wellness (e.g. the Personal Wellness Inventory (see Chapter Four of "Responding to Sexual Abuse").

- Validation circle

Day Four

- Opening Prayer
- Story – (See the "Stories" section of the attached resource pages)
- Opening Circle – One thing that keeps me strong and healthy in my work as a sexual abuse community intervention team member
- Learning game – Ball juggle (see the "Learning Games" section of the attached resource pages)

Break

- Brief follow-up on personal wellness assessment (see previous day)
- Discussion and Handout – Sources of Stress for Caregivers (see Chapter Four of "Responding to Sexual Abuse")
- Energizer – Shoulder rubs
- Presentation and Handouts – Caring for the Caregiver – Eight strategies for maintaining wellness (see Chapter Four of "Responding to Sexual Abuse")

Lunch

- Brief Presentation – Establishing and maintaining boundaries (see Chapter Four of "Responding to Sexual Abuse")
- Energizer or learning game -- (see "Sample Energizers" section of the attached resource pages)
- Demonstration and practice of sample relaxation techniques (e.g. healing imagery, relaxation breathing, etc.) – See Chapter Four of "Responding to Sexual Abuse"

Break

- Developing a personal wellness plan (see Chapter Four of "Responding to Sexual Abuse")
- Homework to bring to the next workshop – assign the participants a practicum exercise based on some aspect of the material covered in this training session, based on the individual needs and roles of the participants who attended the session
- Closing circle and farewells (see the "Closing Activities" section of the attached resource pages)

Session Two

This is the second of two four-day training sessions, which should be scheduled approximately one month after Session One (above). It draws on Chapters Five to Eight of "Responding to Sexual Abuse: An Introduction to Important Issues Related to Developing a Community-Based Sexual Abuse Response Team in Aboriginal Communities".

Learning Objectives:

This session is designed to enable the participants to:

1. Involve the Community

- understand why sexual abuse programs need community involvement in order to be effective;
- identify community barriers to healing and development efforts;
- identify ways to create a positive environment for community involvement;
- describe at least four strategies for creating public awareness through education in the community;
- identify potential community allies;
- understand the basic steps involved in building an integrated community wellness plan;
- identify strategies for targeting the family in prevention, intervention and treatment activities;
- identify prevention activities which can be used to target the following four target groups: potential victims, potential victimizers, family and community members, the staff of community agencies and other community helpers;
- understand the coordination and facilitation role community response teams can play with respect to supporting community-based healing opportunities;
- understand the role of a community watch system and core groups in developing a sustainable community safety net.

2. Respond to Abuse: Community-based Intervention Issues and Strategies

- Learn about the varieties of disclosures that can occur.
- Become familiar with the primary issues and needs that occur at the time of disclosure from the point of view of the following persons or groups:

    a. victims
    b. the abuser
    c. the victim's family
    d. the abuser's spouse
    e. the abuser's family

f. the community
g. child protection services
h. the legal system

- Learn about the primary healing issues and needs that can arise for the various person impacted by sexual abuse:

  a. for child victims
  b. for teen victims
  c. for adult victims
  d. for adult survivors
  e. differences in healing needs between female and male victims

- Be introduced to the basic healing approaches suitable for implementation at the community level:

  a. for victims
  b. for abusers
  c. for spouses and families
  d. for the community

- Be introduced to the concept of a community sexual abuse response team and learn something about how such teams function, as well as about the basic process of setting up a team chapter (based on work done in Alkali Lake and Hollow Water, Manitoba)

3. The Details

- Familiarize participants with the legal requirements and responsibilities connected to the work of a community-based sexual response team.

- Alert participants to some of the possible social consequences that can occur as a result of the response team's work.

- Enable participants to learn about the various kinds of record keeping and other documentation that Response Teams must maintain, and why these are important — specific attention will be given to records of disclosure and validation interviews, records documenting the counselling and healing process, supervisor reports, and monitoring and evaluation reports.

- Provide participants with a general awareness of the sorts of referral services a response team may need, and how to access these.

- Briefly review some of the important ethical issues that arise related to Response Team work.

Resources:

- Evaluation of Community Holistic Circle Healing, Hollow Water First Nation, Volume 1: Final Report, April 2, 1996, pp. 39-47.

- Hollow Water: Original Resource Team Guidelines, November, 1988.

- Chapters five to eight of "Responding to Sexual Abuse: An Introduction to Important Issues Related to Developing a Community-Based Sexual Abuse Response Team in Aboriginal Communities".

- resource pages (attached).

- Reading: Government of Canada publication of "Sexual Abuse and the Law".

Agenda – Session Two, Day One

- Opening Prayer
- Check-in Circle: How have things been since the last training session?
- Review of week's agenda
- Learning Game: Production Units (see the "Learning Games" section of the attached resources) – with debriefing focusing on how the unspoken rules of the community environment and/or the workplace shape our behaviour and attitudes, often without our conscious awareness.

Break

- Presentation: Why sexual abuse programs need community involvement in order to be effective (see Chapter Seven of "Responding to Sexual Abuse")
- Case Study Session: Have participants from the same communities work in small groups to complete the first four questions of Case Study Exercise (see the "Handouts" section of the attached resources)

Lunch

- Energizer – (see the "Sample Energizers" section of the attached resource)
- Case Study Session: Have the participants complete the next three questions of the Case Study Exercise

Break

- Case Study Session: Have the participants complete the last four questions of the Case Study Exercise
- Story: The Trim Tab Example (see the "Stories" section of the attached resources)

- Temperature Check

Supper

- Family Tree homework assignment (see Chapter Eight of "Responding to Sexual Abuse")

Day Two

- Opening Prayer
- Opening Circle: How I am feeling about myself as a community resource person.
- Review of day's agenda.
- Presentation: The varieties of disclosures, and the needs and issues that arise at the time of disclosure that require a response (see Chapter Five of "Responding to Abuse")

Break

- Presentation continued
- Role Play: Responding to Disclosures (see "Handouts" section of the attached resources)

Lunch

- Role play continued
- Presentation: (1) The necessity of a community-based (vs. Professional, service delivery) approach to healing; (2) A review of the healing needs and the general processes of healing for (a) child victims, and (b) adult survivors.

Break

- Energizer – (see the "Sample Energizers" section of the attached resources)
- Presentation: Building a Community Response Team
- Small group work: Forming a Community Response Team (see the "Handouts" section of the attached resource pages)

Supper

- Co-counselling sessions based on the family tree homework assignment (see the "Activities" section of the attached resources for information about co-counselling).

Day Three

- Opening Prayer
- Opening Story: Six Blind Men and the Elephant – Discussion – How sexual abuse is viewed by the different agency players who must work together to build a community response (community, police, courts, child protection, health services)

- Opening Circle: Difficulties I have experienced trying to work between aboriginal culture and community and the dominant culture of services agencies – things that helped, things that did not.

Break

- Energizer – Animal Makers (see the "Sample Energizers" section of the attached resources)
- Discussion: The challenge of building a Response Team that brings together different agencies, mandates, priorities and cultures
- Presentation: Summary presentation on Chapter Eight, Part One: "Legal Concerns and Issues"

Lunch

- Activity: Debate (see the "Handouts" section of the attached resources)

Break

- Presentation: Possible social consequences
- Group Discussion
- Temperature check

Day Four

- Opening Prayer
- Activity: Save the Bacon – a scenario and small group work activity (see the "Handouts" section of the attached resources)

Break

- Save the Bacon continued
- Presentation: A brief summary presentation on Response Team record keeping and documentation (see Chapter Eight, "Responding to Sexual Abuse")

Lunch

- Group Discussion: How can a Response Team set up an effective network of referral services? What would you do to find out who is out there? Doing what?
- Energizer – (see the "Sample Energizers" section of the attached resources)
- Presentation: What are ethics and morals (based on the dictionary definitions)

Break

- Activity: Stop-Action Dramatization (see the "Activities" section of the attached resources)
- Closing Activity (see the "Closing Activities" section of the attached resources)

RESOURCES

FOR

APPENDIX A

Stories

1. The Creator's Gift

Once upon a time, a long time ago, the Creator called a meeting and invited all the people to attend, well, almost all the people. He invited the people who fly through the air, the people who swim under the water, the people who walk upon the earth with four legs, and the people who dig their homes under the ground. The only people He did not invite were the human people.

When all the people had arrived, He explained the purpose of the meeting. "I have a problem," He said. "I have a special gift for the human people, but I am afraid they are not ready for it. If they receive it now, they might use it to harm each other and the earth. That's why I want to hide this gift, but I'm not sure where to put it where the human people will not be able to find it."

The Salmon people were the first to offer a suggestion. One of them spoke up boldly and said, "If you give the gift to us, we will take it down to the bottom of the ocean. There are cracks down there that are so deep that surely no human being will ever be able to enter them. The gift will be safe there until You feel they are ready for it."

"Thank you for your offer," replied the Creator, but the gift for the humans will not be safe in even the deepest part of the ocean. One day the human beings will build special machines that allow them to go down into all part of the ocean in their endless curiosity to explore every part of the world."

Then the people who dig their homes under the ground spoke up. "If the gift will not be safe in the ocean, then let us put it deep into the heart of the earth. Human being will not try to go there for fear that the rocks will crush them or bury them alive. We can bury deep into the earth and hide this gift until the humans are ready for it."

Again the Creator smiled His thanks, but explained that one day in the future the humans would make great tunnels into the earth. They have a strange love for certain types of shiny rocks and would be willing to risk being crushed by the earth or buried by the rocks in order to collect these metals.

The great Buffalo People who roamed the vast prairies spoke up next. "Give us the gift," one of them suggested in his deep voice. "We will put it in the middle of the grasslands. There is nothing there to interest the humans, only prairie grass as far as the eye can see. They will not be able to find their way in those endless plains."

Once again the Creator responded to this suggestion. "One day in the future, the human beings will build big cities in the middle of the prairies. They will make roads and railways to connect these cities with each other and with the mountains and oceans. They

will turn the soil in many parts of the plains and replace the grasses with crops to feed themselves and their animals. Every part of the grasslands will be marked out on their maps and nothing will stay hidden in them, no matter where it is put."

The Eagle people, who had been listening thoughtfully to the discussion so far, asked to be allowed to speak. "This is indeed a difficult problem, but we think we can help. Give us the gift. We will take it to the top of the highest mountain where the air is so thin that the human beings will not be able to breathe. In fact, we can do even better than that. We will take it to the moon. Surely, the human beings will never be able to find it there."

"That is a worthy suggestion," said the Creator, "but I'm afraid the human beings will go even to the moon. They will build machines that will allow them to breathe where there is no air and to travel as fast as light itself. The gift I have for the humans will not be safe even on the moon."

There was a long silence while the People thought about what the Creator had said. Maybe there was no safe place in the universe, they thought. Then, suddenly, Grandmother Mole, who was so shy she couldn't speak out in front of her brothers and sisters, thought she had an answer that just might work. She tugged on the edge of the Creator's clothing and He bent down so she could whisper into His ear.

When she had finished, the Creator's face burst into a smile of delight. When the Creator smiles, it is like the sun rising after a long night. All the animals felt the warmth of His smile and laughed happily. "Yes, that is it," said the Creator. "That is the answer. We will put the gift for the humans within their own hearts. They will never think to look there!"

And that is just what happened. The human heart contains a gift of understanding and courage, which can be used to do mighty things, if only the human people will remember to look within.

2. The Quail's Lament[53]

There once was a band of quail who lived in the bushy hills that lie beneath towering mountains not far from a great city. For generations they prospered undisturbed. There was usually plenty of water, and an abundance of seeds and berries.

For as long as any quail could remember, they had never known real hardship, even when the land was burned brown from heat and draught. Perhaps because life was good, you never heard an unkind word, the air was usually filled with light hearted laughter.

But then one day the quail hunter came. He came quietly, and cast his round net, with the outer edges weighted with small stones, and it fell on a bevy of quail, and none was able

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53 This is a traditional story from India which has become known and loved by people of all ages in many countries.

to escape. He scooped them up and took them to market. And the news of what happened was so shocking, that most quails tried to push the whole story out of their minds, and returned to their usual activities.

Several days passed, and it happened again. This time, no less than fourteen quail were taken. And the very next day, yet another bevy of ten was lost.

The leader of the quails was very worried, and he had been consulting with his best advisers and making plans to counter the attacks since the very first day they had begun. Now he gathered all of the quail together in a great meeting high in the hills.

"My quail," he began, "as you all know, we are in danger. The quail hunter has already taken many of our friends and relatives, and we remain unprotected and vulnerable." The quail gathered together began to talk all at once.

"You should have warned us about the hunter," someone said. "Why don't we have watchers who can look out for the hunter?" said another. "We should train ourselves to fight," said a third. "When the hunter comes we can all fly at his face and peck out his eyes."

The leader listened patiently as his quail argued among themselves. He had heard most of the arguments before from his advisors.

"My quails," he said, "you have given many good ideas. We have already sent out watchers, and we will all learn to defend ourselves, but the hunter is very clever. He has been able to catch us unaware despite our best efforts. What we need is a strategy that tells us how to escape if we are caught, and I have a plan."

All the quail became silent at once. "From now on you must always travel in groups of twenty of more. When the hunter castes his net, this is what you must do," began the quail leader. "Each of you must take hold of a part of the net in your beaks, and then all of you together must flap your wings as hard as you can. In this way, by working together, you will be able to lift the net and carry it into the sky, out of reach of the hunter. Take the net to the highest treetop you can see. If it is a thorn tree, all the better. Then you must gently deposit the net on the top of the tree, and tug and pull on it until it is hopelessly tangled in the branches."

All the quail agreed that this was an excellent plan indeed.

It was only a few days later that a group of twenty-six quail were enjoying some of the nicest berries of the year; (who can remember to watch out when there are fat, juicy berries to be eaten?). Without warning the deadly hunter's net entrapped them all. They all began to squawk and struggle in different directions, making matters all the worse. But then calmer heads prevailed. "Remember our leader's plan" someone said. And at

once the trapped quail set to work. They each grabbed a piece of the net in their beaks and they all flapped their wings mightily.

To the astonishment of the hunter, the net began to rise into the sky. He ran to catch it, but he was too late. He watched in disarray and frustration as his net was carried to the top of a great thorn tree, and entangled in its highest branches. By the time he was able to retrieve his net, it was long past dark, he was covered with scratches, and very angry.

To make matters worse, the same trick was played on him not once but twice more. Finally, in great frustration the hunter decided to take up fishing.

Many months past, and again the quail prospered. But then a great draught hit the region. There was no rain for many months. Everything turned brown and brittle, and choking dust filled the air. The quail found they had to work very hard to get enough food and water to even survive. It soon began to happen that if one of then spotted some seeds or berries (as dried out as they were) he would rush as quickly as he could to get the largest share before the rest of the quail could get any. Tempers flared often. Resentments and mistrust smoldered like a ground fire waiting for the wind.

Needless to say, every quails temper was a short fuse. Bickering and accusations become commonplace. "Yes," said one, "and when the quail hunter cast his net, who was it that did all the work?" "What do you mean?" said the others. "I mean that when the net landed our group followed the plan. We grabbed the net and we flapped our wings as hard as we could and its a good thing we did, because we had to drag you along for the ride. Your group let us do all the work."

"Is that so?" returned the others. "Well then, if you accuse us of doing nothing when the hunter castes his net, then the next time the net traps us, it is nothing indeed that we will do. We'll see then just how hard you can work."

Several weeks past, and then one particularly hot day, one of the quail spotted a new supply of berries and seeds. When the others saw their comrade racing toward the ground, they all clamored after her, determined to get their share, and more if they could. They all landed on top of each other in a jumble of squawks and feathers. It was just at that moment that the quail hunter cast his net.

Some of the quail grabbed the net in their beaks and began to flap their wings, but many of the others refused to do anything. "Let us see how hard you work," they taunted. "Let us see how quickly you can raise the net without our help."

The worker-quail flapped and flapped. The net rose and fell, rose and fell, but it never got far off the ground. And then, before any quail realized what was going to happen, the hunter pulled the net into the form of a great sack and carried them all off to market.

3. The Trim Tab

A trim tab is a very small mechanical devise that turns the rudder of a large, ocean-going ship. Visualize a battleship charging through the water. The boat is perhaps one hundred metres long, and it is loaded with a cargo of men and equipment. In order to turn the boat left or right, it would take several hundred tons of pressure exerted on the bow (the front) to make the boat change course. The person steering the boat turns a small wheel located high above the deck on the bridge. The rudder which actually turns the boat weighs at least several tons (about the same as a pick-up truck) even before you add the pressure it takes to turn the boat against the force of its own weight and forward momentum.

No person could possibly turn a steering wheel of a ship if they had to be able to overcome several hundred tons of pressure. This is where the trim tab comes in. A trim tab is rally a smaller rudder that turns the ship's main rudder. When the main rudder is turned left, the back end of the ship is sucked around to the right, which turns the front end of the ship to the left.

The point of explaining all of this is to illustrate how it could be possible for a small amount of force or power (i.e. the person turning the wheel) to cause something of tremendous weight or power (the battleship) to change course. The trim tab allows the pilot to apply exactly the right amount of pressure in exactly the right way.

Trying to change the momentum of a human system such as an organization, a community or a nation seems like it would take an enormous amount of power. Nevertheless, human systems change all the time. The Soviet empire (USSR) has collapsed. The Berlin Wall is down. Somehow a relatively small group of people were able to exert the right amount of pressure at exactly the right pressure points to move the whole system.

The challenge to anyone working on the problem of community healing and development is likewise to find exactly the right pressure points that will enable the whole system to be moved.

4. Flatland[54]

Once upon a time there was a middle-aged Square. He lived in a world of only two dimensions called Flatland. People in Flatland could move back and forth and sideways, but they couldn't move up and down. That's because there was no up or down. Imagine that Flatland was like the surface of this felt and all the people were like very thin pieces of felt. Even a very thin piece of cloth has three dimensions, but it's close enough to having only two to help us imagine what Flatland must have been like.

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54 This story is a very simplified and condensed adaptation of the tale told by Edwin A. Abbott in the science-fiction classic, "Flatland," Dover Publications, Inc., New York, 1952.

One morning Square woke up feeling grumpy. He had had a dream during the night that bothered him. He had dreamed that he was in a world called Lineland, which had only dimension. Living in Lineland would be like being a dot on the edge of this piece of cloth. You could move back and forth, but only if everyone else agreed to move at the same time and in the same direction. You could never move sideways, so you could never go around anyone and see if they had an ear on the other side of their heads, for example. This dream made Mr. Square feel very closed in and he couldn't get it off his mind all day at work.

Maybe that's why he lost his temper that evening when he was helping his grandson, the Triangle, with his math homework. His grandson was a typical teenager who was always thinking about far off things when he should have been studying.

"Hey, grandpa," he said, "wouldn't it be neat if there were three dimensions?" "Think about all the things..."

"It's ten thirty and you've still got half a page of math problems to do," snapped Square. "You'd better stop your daydreaming and get to work."

But it was too late. His grandson had started Square thinking about his dream again and how frightened he'd be if all of a sudden his whole world changed.

That night Square had another dream, or was it really a visitor from another planet? He couldn't be sure, because the experience seemed so real. His visitor looked like a circle, and there was nothing so strange about that. Square had several friends who were Circles. It was just that this particular circle wouldn't hold still. She kept moving far away and them zooming in close. She also seemed to keep changing size from a normal-sized circle to a tiny dot and then to a gigantic dish. Square started feeling very dizzy looking at the Circle.

"If you're going to be so rude and disturb my sleep, you can at least hold still while we're talking," said Square. "I'm getting quite a headache watching all your antics."

"But I am holding still," said the Circle. "It's just that you're not looking at me properly. That's why you can't see what I really look like."

By this time Square really didn't care what the Circle looked like, but thought that if he did what she said, she might leave him alone sooner.

So Square tried. He squinted his eyes and then opened them wide. He put his head to one side and then another. Still he couldn't see anything other than a hyperactive Circle. He tried so hard to see, that he felt like his eyes would pop out of his head (only eyes can't pop out of your head in a two-dimensional world).

Then all of a sudden Square saw. "You're round all over," he explained. "How can someone be round all around in a flat world?"

Just then Square woke up. He lay in bed for a moment remembering how free he was when he had finally been able to see the Circle from all sides. Then he remembered that he'd better hurry so he wouldn't be late for work. He slid out of bed (you can't jump out in a two dimensional world) and started to get dressed. When he looked in the mirror to comb his hair, he did jump up. He had never realized how handsome he was. He was almost as nice a shape as Circle! He was not a Square at all. He was a Cube!
Square ran out of the house and up and down the street, he was so excited. "There really are three dimensions" he yelled to everyone he saw. "Just open your eyes!"

It wasn't long before two tough looking Rhombuses in the white coats bustled up and grabbed Square by both arms. "We've had some complaints about you, Mister. Your neighbors say you've gone crazy."

Square wasn't very happy about finding himself in jail. It's true that once a year they gave him the chance to leave. "Just admit you were wrong," his jailers said. "Admit there's only two dimensions and you can go free."

But Square couldn't bring himself to say there were only two dimensions. After all, every time that he looked up he could see bars going up and down in the doors and windows of his cell. This isn't possible in a two-dimensional world.

5. Saving the Starfish

There was a writer who went out early every morning and walked the beach before retiring to a small cottage to spend the rest of the day working on manuscripts.

One morning as he was walking along, his bare feet in the sand, he looked down the beach. In the distance he could see someone dancing along the water's edge with a beautiful, rhythmic movement. But as he got closer, he realized the person was not dancing. He could see that she was stooping to pick something up — throwing, running, and tossing the object into the waves. As he approached her, the man saw that she was picking up starfish on the beach and throwing them into the sea.

She stopped for a moment as he asked, "What are you doing?" "The tide is going out and these starfish stranded on the beach will die unless I cast them back into the sea," she responded. "But there are miles of beach and thousands of starfish," the man said. "You can't possibly make a difference." Without responding, she bent over, picked up another starfish and hurled it into the ocean. "I made a difference for that one," she said.

The man stood silent for a moment, then bent down, picked up a starfish, and joined the woman in her task.

Author not known

Learning Games

1. Self-Portrait

a. Have each student hold his or her pencil or pen point down in the middle of a blank sheet of paper. Explain that they will be drawing a full-body self-portrait. The places where their pens are now pointing are their belly buttons. You will help them draw the self-portrait by telling them exactly what to do. They are to draw only what you tell them to do, and they are to do so without looking at their papers until the exercise is completed. They may lift the pen or pencil and move it anywhere in the sheet, but they must not look at their papers while doing so. Then have them draw their self-portrait, one part of the body at a time according to your directions. Mention the body parts in a random order (e.g. face, left foot, right arm, hair, torso, right leg, etc.) until all the essentials have been mentioned. Now let them look at their self-portraits (and each other's). The portraits, which result from this exercise, provide a great deal of laughter because they are so disjointed.

b. Explain that the self-portraits look so disjointed because you took away their vision while they were drawing (by forbidding them to look at their papers). This exercise can be an analogy for prevention work. If we have no vision of the future we are working toward, our personal development efforts, as well as our efforts to help others, will be disjointed. We will have a program here and a program there. Similarly, in personal development, a vision of what human beings can become is an essential ingredient on motivating force.

2. Blindfold Square

Uses:

- To illustrate development or learning without a vision; and also to show how professionals, committees, boards, and core groups become so absorbed in their task that they tend to forget about the community.

Needed:

- A rope 8 - 10 meters long tied together at the ends to form a large circle.
- Blindfolds for 9 - 15 (or more) people.
- An open space.

Description:

1. Place the rope on the floor in an approximate circle. Invite 7 or more volunteers to stand equi-distant from each other around the circle. Blindfold each of the volunteers. Place the rope in both of their hands held in front of them.

2. Give the following directions: *Your assignment is to make a perfect square. You may talk to each other, but you may not let go of the rope with either hand. When you feel*

you have accomplished your task, carefully place the rope on the floor retaining the shape you have made.Then remove your blindfolds. Begin now.

3. Once the blindfolded group is working encourage the rest of the participants to "observe the process and see what you can learn from it." When the working group has finished, the exercise is over.

Debriefing:

1. What did it feel like to do the exercise?

2. How is the exercise like working in the community (or whatever else you wish to compare it to?

3. Outside observers, what did you learn?

(Note: Most groups doing the exercise do not ask the observers without blindfolds to help them. This fact provides a useful comparison to committees, boards and core groups assigned a community related task. Often these groups become self-absorbed, and fail to bring the community into their consultation process, even though the group's task would be carried out much more effectively with the community's help.)

3. Ball Juggle

For this exercise you will need enough soft balls (about the size of grapefruits) as there are participants in the game. If you do not have access to such balls, then can be made by crumpling up newspaper into a ball and securing them with masking tape.

Have the participants form groups of about eight. Each group should stand in a circle and needs someone designated to introduce the balls at his or her feet equal to the number of participants in the group.

Start the game by having that person pick up one ball and throw it to someone else in the group. That person then throws it to someone who has not yet had the ball, etc. until everyone has been included. Once a pattern has been established and everyone knows to whom they must throw the ball, the designated person begins introducing additional balls into the circle, as the group is able to accommodate them.

Do not give the group any instructions with respect to how to handle situations such as when the ball gets dropped, when someone throws the ball too hard others to catch, or when one of the group members makes suggestions about how to have the game go more smoothly.

After the groups have tried to keep the balls moving for some time, stop the game, and pose the following questions:

a. What was going on when you were able to keep the balls moving smoothly?

b. What kinds of situations made it difficult for the groups to keep the balls moving?

c. What does each person have to do to make the game work better?

Give the groups another chance to see how many balls they can keep moving at the same time. After another ten minutes or so, stop the groups and hold a discussion on the following points:

a. Were you able to be more successful the second time? How many balls did you get into the game? How long were you able to keep the pattern moving smoothly?

b. How is this game like being in a community (or family or group)? What are some of the things that make a community (family, group) work well? When a community is working together well, what is the individual's responsibility? Which responsibilities does the group as a whole have? What has to occur when someone "drops the ball", when people have different ability levels, when a new "ball" is added to the system?

4. Paper Chase

Uses:

- To demonstrate some of the dynamics which make it difficult to step outside the unspoken rules and norms which develop in systems such as the workplace or communities

Needed:

- approximately 500 small candies which don't get too sticky from handling (e.g. jelly beans or jelly bears). This are used as monetary units throughout the game.
- small containers (e.g. Styrofoam cups) for holding the candies
- stationery supplies: glue, scissors, paper clips, rulers, pencils, compasses, string, lots of sheets of 8 1/2 x 11 paper (can be used on one side)
- tool price list, table purchase price list, tax table, monetary unit allotment table (see below)
- model table (see below)
- one armband for each group of four or five participants
- a large enough room to set up a working table for each group of four or five participants
- at least sixteen participants (can be played with large groups of 100 or more people)

Tool Purchase Price List	
Paper	1
Paper clips (5)	1
String	1
Ruler	5
Pencil	5
Glue	10
Scissors	10
Compass	15

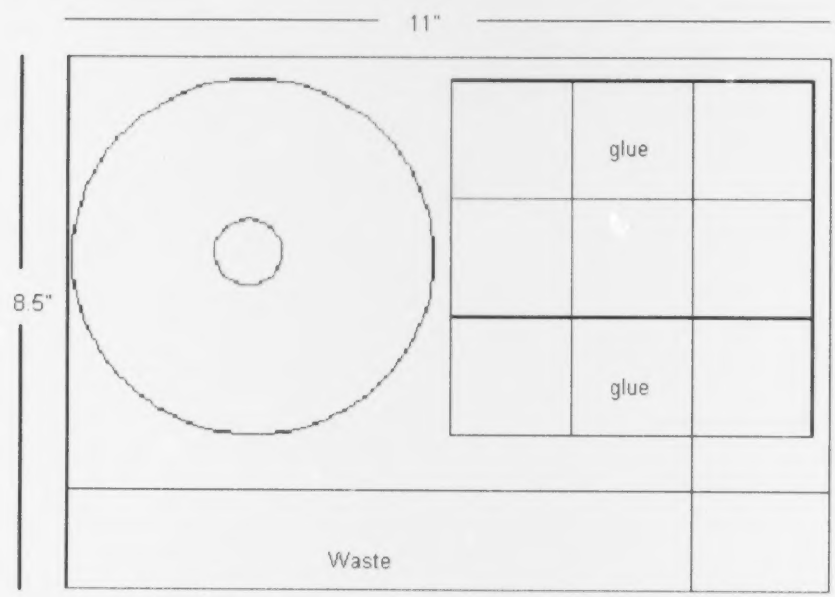
Tax Table:	Single	Cooperative
Round 1	5	15
Round 2	6	18
Round 3	7	21
Round 4	8	24
Round 5	9	27
Round 6	10	30

Table Purchase Price List	
Excellent quality	25
Good quality	15
Fair quality	5
Unacceptable quality	0

Monetary Unit Allotment Table	
Group 1	8
Group 2	12
Group 3	18
Group 4	22
Group 5	35
Group 6	50

(If there are more than six groups, this pattern can be repeated.)

Model Table



Instructions:

1. Pre-game preparation:

    a. Set up the room with enough tables so that each group of about five participants can be seated at their own table and with a table at the front of the room which the facilitator can use to sell tools, buy tables and keep track of the game rounds.
    b. Post the tool price list and the table purchase price list near the facilitator's table and in clear view of the participants.
    c. Count out the candies according to the allotment table and put in separate containers.
    d. If there is only one facilitator, choose one or two participants to serve as helpers.

2. Divide the participants into production units of approximately five people each. Explain that their task will be to produce tables identical to the model. Ask each group to choose a foreman and have that individual put on an armband. Only that individual is authorized to approach the facilitator to purchase tools, sell completed tables or ask questions of the facilitator.

3. Distribute one container of candies to each table in such a way that they can't see that all the allotments are not equal. Point out the tool purchase price list and the completed table purchase list posted at the front of the room. Explain, as well, that at regular intervals each table will be required to pay taxes according to the tax schedule posted at the front of the room.

4. Tell the groups they can begin purchasing the tools to make their tables as soon as they are organized. Remind them that only the foreman can negotiate with the facilitator.

5. As soon as any of the groups ask about the possibility of sharing resources among them or begin to share any of their tools or to work together in any way, stop the game and point out that this is acceptable, but that any cooperating groups will be taxed according to the cooperative rate on the tax schedule. This is usually enough incentive to prevent any cooperation.

6. Offer a bonus (of say 20 monetary units) to the group that completes the first table of at least acceptable quality. As completed tables are brought to the facilitator for sale, they are judged excellent, good, poor, or unacceptable are compensated accordingly, with only the first table produced receiving the bonus.

7. As the group progresses, introduce elements designed to keep the participants hooked into the process of producing tables as fast as they can. For example, if one group is on the verge of going completely bankrupt, you can offer a bonus of 15 monetary units to the first group which gets up on their table and sings a song to improve morale, or you can offer short-term civil service jobs (e.g. collecting taxes or cleaning up the scraps of paper) to individuals within the group, arbitrarily changing the cost of

tools or the price paid for tables, etc. The possibilities are limited only by the ingenuity of the facilitator and the varied responses of the participants. It is the facilitator's job to maintain control of the group and to keep people motivated enough that they will remain in the system without letting more than one or two tables ever really get ahead.

Debriefing:

1. Begin by allowing the participants to describe the feeling they had throughout the course of the game and then some of their experiences. They will discover that different groups had very different experiences and that they started out with very different resources. You can also ask if any of the groups or individuals cheated in any way during the game.

2. Ask the participants to compare the game to their experiences in their workplaces (or in their communities).

3. Ask them what would have had to happen in order for the game to have developed a more cooperative, humane experience for everyone. How do these suggestions compare with what it would take to change the systems within many of us feel trapped much of the time?

Sample Energizers

1. Animal Makers

Uses:

- As an energizer, a stimulant to induce creativity in a group, and to illustrate cooperation and team work.

Needed:

- an open space cleared of any obstacles people could trip on
- ten or more participants and
- ten minutes

Instructions:

1. Ask participants to form a circle. Then teach then how to make various animal as follows (all animals take three players to make):

   Example #1: Crocodile – If the person in the centre points to a participant and says "crocodile," then the persons on both sides must work together to form the crocodile. The middle person extends his arms straight above his head and (keeping his arms out) bends forward from the waist. He then flap the arms to make the crocodile's jaws. The people on either side make flippers on both sides of the middle person's waist, using both hands.

Example #2: Cow – The middle person bends forward stiffly from the waist, and extends 4 fingers below his middle to form udders. The people on either side kneel and each take an udder in each hand and milk the cow by pulling down on the udders.

Example #3: Chicken –The middle person bends from the waist and moves the neck and head like a chicken plucking seeds. The people on both sides use their hands to make wings on either side.

Example #4: Elephant – The middle person bends from the waist and dangles an arm off the end of his nose to form a trunk. The people on either side each make a round ear on their side of the elephant's head.

2. Let the group practice making a few of the animals.

3. (Now comes the fun!) Tell them you will close your eyes, spin around, point to someone, and call out one of the animals. You then count out loud as fast as you can to ten. Whoever is pointed to along with the people on either side must quickly form the animal.

4. If then can form the required animal (to the groups satisfaction) before the count of ten is over, they win.

5. If they win, the person in the middle spins again. If they loose, the person that was pointed to must now become the person in the middle (who then spins and calls on someone else).

[Note: This game is complicated to write down, but simple to play. Most people catch on quickly. Once the group gets going, ask them to invent and add new animals of their choosing (they must teach them to the group before calling them out). The game goes on till the group (or the facilitator) is ready to move on. We usually go 5-8 rounds after the group learns the game.]

Debriefing: Sometimes a cigar is just a cigar.

2. Triangle Tag

Uses:

- as an energizer.
- also to illustrate the nature of mutual support and cooperation.

Warning: This is a very energetic game. It requires some physical strength and endurance (comparable to a game of volleyball). People with health problems may want to sit this one out.

Needed

- an open space, free of furniture, with no objects on the floor to trip over.

Description

1. Divide participants into groups of four. Tell each group to select one person to be *it*. The other three people hold hands to form a triangle. Select one of the three to be the *protected one*.
2. The object of the game is for the person who is *it* to tag the *protected one*. The triangle twists, turns, and blocks to prevent their protected one from being touched. Diving under, flying over, ploughing through ... pretty much anything goes short of hurting someone.
3. Allow two minutes per round. If the person who is *it* fails to tag the protected one in that time, the team wins. The facilitator times the rounds. Switch who is *it* and *protected one* for each round. Allow 3-4 rounds.

Debriefing: Once people have caught their breath ask, "how is the game like community development?"

3. One-Ball Juggle

For this game you will need a large, fairly soft ball, such as a volleyball or soccer ball. You will also need a large open space. Have the participants get up and move into the open space (it could be outside or in a gym) and into a big circle.

Using your finger tips, pass the ball to someone across the circle and tell them to do the same. The only rules are that everyone must touch the ball before it hits the ground and that the ball cannot be held (i.e. it must be kept moving).

These instructions are deliberately ambiguous. If the participants ask you for further clarification or to tell them whether or not a certain strategy is acceptable, simply reiterate the rules.

The group will find it impossible to keep the ball in the air for very long (unless they are skilled volleyball players), so they will begin to look for ways to complete the task that are less obvious than simply bouncing the ball across the circle from one set of finger tips to another. There are more than one ways to successfully complete this task, so leave the group entirely to their own devices (i.e. do not even tell then that they should begin thinking of other ways to play the game).

Follow up with a debriefing session that looks at the group process that was used to come up with a solution and the assumptions the group automatically made about the task that

had to be discarded before a solution could be found. Go on to have the participants make a comparison with other types of group situation in which they find themselves.

4. Two on A Crayon

a. Place participants in dyads (pairs).

b. Hand out one crayon and a sheet of plain paper to each dyad.

c. Instruct participants to grasp the crayon together so that both partners have the crayon held firmly in their fingers.

d. Explain to them that when you give the signal they are to draw a picture without any discussion. They may not talk with each other or make any prior decision as to what they will draw. They must both hold the crayon at all times.

e. Students proceed to draw until they have finished their picture to each partner's satisfaction.

f. Have students, still grasping crayon together, sign their names to the picture.

[Note: This is a very simple activity that can be used at almost any level. Besides being fun, it can create some very intense feelings as participants silently struggle for leadership and dominance. Usually this is resolved in an atmosphere of cooperation and mutuality, but the initial struggle often results in broken crayons. The activity can be used to demonstrate non-verbal communication and to examine the dynamics of group interaction and cooperation. It can also have the effect of creating a bond between the partners if they collaborate to create a picture they are proud of. This could be particularly effective if pairs were made up of individuals from different cultural backgrounds. It also provides students with an opportunity to look at such issues as aggression, control needs, leadership, competition, and how to effect a cooperative task.]

Ideas for follow-up discussion:

In debriefing, emphasize both the interactive and communication themes. For example, you might ask:

- Was it difficult not to talk to your partner?
- Did you communicate anyway? How?
- What happened when you had a disagreement? Did anyone break a crayon?
- Did each partner share equally in making the picture?
- How did you decide what to draw?
- Who was the leader? How did you know? How did you communicate when you wanted to lead?

- When did you realize that you were making a picture of something? How did it feel?
- What did you learn about sharing and cooperation?
- Did anyone insist on taking the lead and keeping it? How did this make the partner feel?
- Did anyone refuse to actively participate? Why?
- What did you draw? Does it represent anything?
- Who signed their names first? How did you decide?

5. Circle Unravel Exercise

a. Have participants form smaller groups of 6 to 10 people and ask them to stand in a circle.

b. Ask each person to note carefully who it is who is standing on his or her left side.

c. Have the participants change their positions in the circle so that no one is still standing with the same person on his or her left side as in the original circle.

d. Have each participant reach across the circle with his or her right hand and take hold of the left hand of the person who was on his or her left side at the beginning of the exercise.

e. Without letting go of their hands, have the participants unravel themselves so that they are again standing in a circle without any hands reaching across the circle.

Activities

1. Community Life-Line Exercise

Divide participants into small groups on the basis of their home community. Ask them to use a large piece of paper to map out the significant events (both positive and negative) in the history of their community. As they work, they should discuss how these events influenced community wellness.

Example

1921	1930	1932	1945	1951	1960	1965	1970	1980
Treaty	First church	First School	Lots of the men went to war	Alcohol	Road	Oil Discovered	Lots of Problems	Healing Started

Have the small groups share their stories with each other, particularly looking for patterns in the types of events, which disrupt community development, and those which facilitate a positive movement toward wellness.

2. Community Web Making

Uses

To show the hidden connections between the different parts of any whole, the whole of a community, of a problem, of the national environment etc.

Needed

A ball of kite string for every 30 participants. An open space.

Directions

1. Ask participants to form a circle (in larger groups 2, 3, or even 4 circles within circles works well).

2. Explain that you will start by asking one person to hold the end of the string. Tell the person to look *across to the other side of the circle* and identify "someone you know well." The string is unrolled and stretched across so the person now holds the ball.

3. In similar fashion, use the following connector questions (based on some of the different types of relationships that go together to make up community).
   - people you work with
   - people you do business with
   - people you sometimes need and depend on
   - people you turn to for advice or help
   - people you play with
   - people you are related to
   - people you look up to
   - people you wish you knew better

   Keep the string crisscrossing the circle until it looks like a complex spider's web of interrelationships.

4. If the middle of the circle isn't filed up, ask the last 6-8 people to go under the web to the middle, spread out and take hold of the web at someplace where 2 or more strings cross.

5. Then say, "We can see how we are all interconnected in so many ways. But what are some of the things that cause this interconnection to break down?" Participants will call out things like:
   - conflict
   - distrust
   - fear

- jealousy
- greed
- suspicion
- power-tripping etc.

6. Each time a new breakdown cause is named, ask several participants (the facilitator picks the people and points to them) to let go of the web. When about half of the people are no longer holding on, and the web is collapsing in many places, then proceed to the next step.

7. Explain that the web is invisible to us most of the time. If we all hold it above our heads, we can all move freely (ask everyone to again take hold of the net and to lift it above their heads then ask everyone to walk together across the room).

8. But, (the facilitator goes on to explain) if many of us are not holding up our part of the net, that is, if many of us have disconnected our hearts and minds from each other because of jealousy, anger, fear, distrust etc., then the web becomes a trap that hinders us and blocks our progress. [Ask the people who have dropped the net before to drop it again. Then ask the group to try to move back across the room to their original place without letting go of the web. There will soon be a tangle of string and people, and not much movement.]

9. Conclude by asking everyone to "escape" by taking hold of the web. First ask them to lift it above their heads, and then all together, to place it on the floor at their feet. The group may then return to their seats.

Debriefing

Ask the group:

1. What did you learn?
2. Other thoughts?

3. Community-Based Approach vs. Dominant Society Approach Role Play

1. Have the participants form two groups:

Group One – an aboriginal community intervention team (3-4 people) faced with a sexual abuse disclosure. They try to apply a healing approach to addressing the problem based on the medicine wheel.

Group Two – a group of non-native professionals with the same disclosure trying to apply their rules and assumptions.

1. The two groups meet separately for ten minutes in order to prepare their point of view.

2. The groups meet and try to negotiate a compromise between the two views.

Discussion Topic: what are the main differences between aboriginal and non-aboriginal ways of viewing the problem of sexual abuse.

4. Co-counselling

Co-counselling (or re-evaluation counselling as it is sometimes called) is a down-to-earth counselling model that invites non-professionals at the community level to learn how to be counsellors to each other.

Co-counselling is based on the work of Harvey Jackins, and has grown into a world-wide movement of people helping each other.

The theory of co-counselling may be summed up as follows. We are all born loving, energetic, intelligent, creative, caring people. As we grow up and move through our lives, things happen to us that cause hurt and pain. Most people receive a fairly constant stream of hurt that is accumulated (i.e. stuffed) because we don't know what else to do with it. Many things cause us hurt. Belittlement, abuse, fear, neglect, violence, shame, frustration, and even physical sickness and injury all add to the growing burden we carry.

As we "fill up" with accumulated hurt and pain, two things happen. First we become less than we are: less loving, energetic, intelligent, creative and caring people. Finally, there is very little left that we can feel except hurt, and that is what we communicate to the world. We do this passively by turning inwards, or actually by acting hurtfully toward others.

Healing (when understood from this perspective), is a process of *emptying out* accumulated hurt that we have been holding on to, and re-discovering our true nature as creative, loving, intelligent, energetic human beings.

The method of counselling (in its simplest form) may be described as follows:

1. Two people agree to be counsellors to each other.

2. A time is set for one or more counselling sessions. The time allotted is divided in half. Each person takes a turn giving and receiving counselling.

3. The two co-counsellors sit facing each other, knee to knee.

4. The first person receiving counselling now begins to talk, sharing feelings and experiences. The counsellor's role is to ask short, probing questions to help the person

to actually recall and experience the feelings they felt when a particular hurt happened to them.

5. As the feelings come, the counsellor encourages the person to discharge or release the feelings. There are many ways the body has of doing this. Some of them include yawning, stretching and scratching for physical pains; tears and sobbing for grief; shaking, shivering, and cold sweats for fear; laughter with cold sweat for lighter fears and embarrassment; angry noises, violent movements, and warm sweating for heavy anger; talking and laughter for boredom. (Jackins, 1962:7)

6. When a person is discharging (and especially if there are tears or strong expressions of any kind), the counsellor tries to encourage the flow of these feelings. This is opposite to many people's response to such situations, which is to say, "There, there, don't cry. It will be all right." The co-counselling maxim is: "The tears are not the pain. The tears are a release of the pain."

7. It is important to help the person to restore equilibrium after they have released their pain. This is done by several minutes of light friendly talk at the end of the discharge process.

8. Most co-counselling pairs allow thirty to forty-five minutes each for a counselling session. While rigidity is not helpful, observing the time limits helps both parties to have a fruitful experience, and sets the stage for further work in another session.

Observation

We have found that in some kinds of communities, there is so much hurt and personal dysfunction that it is absolutely necessary to introduce tools such as co-counselling so that the people can gradually turn their community into a healing place. The de-professionalization of counselling is necessary because, in such communities, the extent of trauma is far beyond the capabilities of overworked, understaffed, underfunded mental health professionals to address.

Resources

1. *Fundamentals of Co-Counselling Manual.* Personal Counsellors Incorporated. (1975) Rational Island Publishers, P.O. Box 2081, Main Post Office, Seattle, Washington, 98111 USA.

2. *The Human Side of Human Beings: The Theory of Re-Evaluation Counselling.* Harvey Jackins (1978). Rational Island Publishers, Seattle. ISBN 0-911214-60-7.

5. Stop-Action Dramatization

Phase 1

- divide participants into groups of five to seven
- ask the groups to talk about true stories of what happened when the ethical issues listed in Chapter Eight, Part V were violated in community work
- participants should select one of the stories told in their group and dramatize it in a 3-5 minute skit

Phase 2

- each group presents their dramatization without interruption
- each story is analyzed as follows – Ask the group to re-play their skit. Invite the other participants to stop the action (by saying "freeze" or "stop") whenever they see that one of the characters in the story could improve the ethical/moral quality of the scenario. The person who stops the action must then substitute for any actor s/he wishes to "go in for". The scene is then "backed up" to an appropriate place and played again, this time with the new actor changing the script in ways he or she believes will make an ethical improvement. At each "stop" point, all participants are free to comment or raise questions.
- once a scenario has been "milked" of its value for group consideration of ethical issues, move on the another dramatization and repeat the stop-action process.

Closing Activities

We recommend that a special closing ceremony be co-designed with participants for the entire workshop series. The following is a sample design we have used with great success.

1. Sample Closing Ceremony

- Ask participants to bring objects (from nature, or their belongings, or even a piece of paper with a work written on it) that symbolize their commitment to their own healing, and to the healing of the people. In the past, people have brought leaves, feathers, stones, books, words, articles of clothing, eye glasses (everything is returned later) etc. The point is that the object(s) have meaning to the participant.

- Arrange the room in a circle, with an attractive blanket or animal skin on the floor.

- Invite elders or participants to smudge and pray as is appropriate for those people.

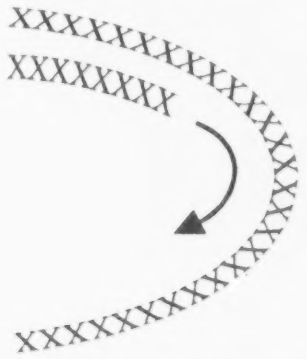
- Invite each participant (including facilitator) to (one at a time) step forward and place what he or she brought on the blanket, explaining as they do what their gift means.

- When everyone has spoken, close with a prayer of drum song and a hand shake circle (everyone take turns going around and saying farewell to each person in the circle, and then in turn is greeted).

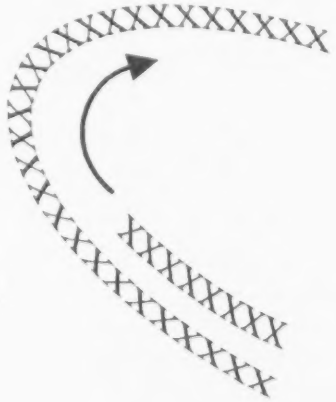
2. Another Closing Activity: Circle of Two Greetings

a. Close the session with a greeting circle. Begin by having the class stand in a large circle. Turn to the person to your left and greet them with a handshake, a hug, or a few words. Then go on to do the same to each person in the circle, one by one.

b. The person who you first greet should follow you around the circle, greeting each person to his or her left in turn (see diagram below).



c. Each person follows in turn after they have been greeted.



d. When you get to your original location, stand in your place to receive the greetings of each person as they come past you.

e. In this way, each participant receives two greetings, one as he travels around the circle and one after he has returned to his original place.

HANDOUTS

Sex History Questionnaire

Developed by Cruz H. Acevedo, Jr., Ph.D.

The following questions are derived from a variety of research papers, studies, and literature that deals with human sexuality and sex histories. The counsellor will find that many of these questions are extremely difficult for clients to answer, and great care must be taken to be sensitive to the client's need to suppress the information. As the counsellor/client relationship develops into a trusting one, the client may then begin to share some of these painful questions.

The counsellor must be aware that the questions dealing with child abuse, incest, rape, and physical abuse are extremely difficult to deal with when the victimizer is one's own father, mother, brother, grandfather, etc. It is only now that we are beginning to be aware of how high the incidence of these types of victimization really are.

To understand the difficulty in answering these questions, I invite you to answer these questions for yourself and stay in tune with your feelings. Were you embarrassed? Did you find it painful? Did you become angry? If you did not go through some of these feelings, you are in a minority.

Proceed with these questions in a caring, sensitive way.

Phase I

When and where were you born? _____

Parent age at your birth: Mother _____ Father _____

Which parent were you closer to? _____ Why? _____

_____

Describe you parents' relationship to each other _____

_____

Your family's religious background _____

Your current religious background _____

Your home atmosphere was: warm/loving _____ fair _____ cold/little

touching _____ other _____

What was your parents' attitude towards nudity? _____

_____

What is your impression about your parents' attitude towards sex? _____

_____

Do you think your parents had a healthy sexual attitude? _____

_____

Did you parents talk openly with you about sex? _____

Phase II

Where did you get your sex education? _____

_____

When did you first learn about masturbation? _____

How old were you when you began to masturbate? _____

What was your parents' reaction? _____

How often did you masturbate? _____

What fantasies did you have? _____

Which myths about masturbation did you believe? _____

_____

Do you remember your first awareness of sexual feelings? _____

_____

Can you describe your first childhood sexual experience? _____

_____

What areas of sexuality were confusing for you as a child or an adolescent? _____

_____

How do you think your childhood affected your feelings about sex? _____

_____

_____

Phase III

What do you like about yourself physically?

_____

_____

What other things do you like about yourself? _____

_____

What do you like physically in someone of the opposite sex? _____

_____

What do you like physically in someone of the same sex? _____

_____

What things are sexual "turn ons" for you? _____

_____

How do you know what your partner likes sexually? _____

_____

What are some of your sexual fantasies? _____

_____

Have you had homosexual fantasies? _____

Do you believe this is healthy? _____

Phase IV

Can you describe your first adolescent or adult sexual experience? _____

_____

In thinking about your first sexual experience, what kind of feelings come to you?

_____

Describe some of the feelings you may have about your current sexual experiences

_____

Can you share an especially significant/vivid sexual experience and how this affected your feelings and attitude about sex?

_____

_____

How do you feel about your present sexual relationship? _____

_____

What might you like to change?

_____

_____

As a parent, what will you now do to insure that your children do not grow up having the same confusions, frustrations, and guilt feelings about sex that you had?

_____

_____

What is it like for you to be answering these questions? _____

_____

CASE STUDY EXERCISE – PART I

Facilitator's Note: One way to handle the case study exercise is to have the groups work through the questions one by one, with a brief (5 minute) introduction to each question by the facilitator. This is an opportunity to stress the main points which are covered in the Chapter about each topic. After the groups have had about ten minutes to work on a particular question, you can hold a brief discussion about what the groups have learned. The same procedure would then be undertaken for the next question.

You are a community response team, which is trying to find ways to involve your community more effectively in order to build an effective prevention, intervention and healing program in your community. Work as a team to complete the following questions. Record our answers so that you will be able to make a group presentation later.

1. In your community, what are the barriers to community involvement in sexual abuse prevention, intervention and healing processes? You can refer to Part Two of Chapter Seven of your Manual for a list of potential barriers.

2. Who are your current or potential allies in the community? You can refer to Part Three, point #3 of Chapter Seven of your Manual for a partial list of potential allies.

3. Assess the readiness of your community for involvement in sexual abuse prevention, intervention and healing work. Here are some questions to help you do this:

   a. Is the community response team trusted by the community to be accessible, non-judgmental and impartial, to respect confidentiality, and to be professional?

   b. Do the members of the community response team trust in the capacity of community members to heal themselves and to make positive life choices and do they convey that trust to others?

   c. Does the community clearly understand the legal and moral obligations which the community response team and other community helpers have with respect to reporting and accountability?

   d. Does the community response team have clear guidelines and procedures to maintain appropriate boundaries with clients and between work and personal life?

   e. Is the work of the community response team viewed in a positive light as moving the community toward wellness rather than as only dealing with a difficult problem?

   f. Does the community response team work in such a way as to empower individuals and families to make positive steps toward health and safety or does it do things for people that they really need to do for themselves?

4. Sexual abuse affects the whole family system and its prevention and healing requires the involvement of the entire family. Make a map or inventory of the extended families in the community. This map or inventory will help you assess whether or not prevention and healing activities are touching all the families in the community.

5. Does the community know enough about sexual abuse in order to be ready to take action?

   a. About the extent and nature of the problem?

   b. About the consequences for the victim, the victimizer, the families, and the community as a whole?

   c. About the warning signs of sexual abuse?

   d. About the steps that can be taken to prevent sexual abuse?

   e. About the procedures and guidelines that the community intervention team uses, its reporting responsibilities and the legal options that are available to deal with victimizers?

   f. About the potential for healing and the processes that can be used to facilitate healing?

6. If the answer to the questions under number 5 above is yes, what are the public education and awareness strategies that you used to prepare the community to deal with sexual abuse issues. If the answer to the above questions is no, what types of public education and awareness activities could be carried on in your community? (You can refer to Part Three, point #2, in Chapter Seven in your Manual to get some ideas about what can be done.)

7. Does your community have an integrated prevention program?

   a. Does it target potential victims, potential victimizers, family and community members, the staff of community agencies, and other community helpers?

   b. How could the community's prevention program be strengthened? (You can refer to Part Four of Chapter Seven in your Manual to get some ideas about what can be done.)

8. Make a list of the present community-based healing opportunities in your community for both victims and victimizers.

   a. Are these opportunities adequate for the need that exists?

b. If not, what can be done to mobilize community agencies and groups to develop other appropriate options? (You can refer to Part Five of Chapter Seven of your Manual to get some ideas about what can be done.)

9. Does your community have an integrated community wellness plan?

   a. If yes, briefly describe its vision statement, objectives, strategies, and lines of action. Also identify which community agencies or groups have assumed responsibility for which parts of the plan.

   b. If your community does not have an integrated community wellness plan, describe the process which your community response team can take to facilitate the development of one: With which community partners can you collaborate to form an inter-agency working group? How will this group be able to mobilize the community in a broad-based needs and resource assessment and visioning process?

10. How can your community response team use the family map or inventory (see question #4 above) to create a community safety nets which monitors individual, family and community wellness?

11. List the core groups currently active in your community? How can these core groups be supported to function effectively, to work collaboratively with each other, and to become pockets of wellness which can gradually influence the entire community toward greater healthy and safety?

Role Play: Responding to Disclosures

Purpose: The purpose of this role-play exercise is to expose participants to the complex variety and dynamics that arise at the time of disclosure.

Roles: In this role-play, participants are assigned roles as follows:

Scene One

- Female victim, age 12
- Victim's mother
- The abuser (the father of the victim)
- An older brother
- The abuser's brother (a member of the Band Council)
- RCMP officer
- Child Protection Social Worker
- Community Mental Health Worker
- Two Response Team Members

Scene Two

- Male victim, age 10
- Victim's mother
- Victim's father
- The abuser (a 19-year old son of the mother's brother)
- The abuser's father
- RCMP officer
- Band Social Worker
- Protestant minister
- Two Response Team Members

Directions:

1. Each character has an actor and a coach assigned to it (assuming a group of 15 to 20 participants. If there are not enough participants, double up on the minor roles).

2. Each character receives a written description of his or her inner feelings and thoughts and of his or her outer actions and strategies in response to the situation.

3. Using the chart (handout) on issues and needs at the time of disclosure, the actor and coach fill in the characterization, staying as true as possible to facts and character instructions.

4. The scenarios are run as follows:

Scene One

- Abuser meets with the response team with the mother present
- Mother confronts the abusing spouse (alone)
- Abusing spouse and mother confront victim
- Social worker and RCMP officer visit the family, interviewing the victim, the abuser and the spouse
- The response team visits the family

Scene Two

- Victim's mother meets with Child Protection Worker (who is suspicious of abuse)
- Response team meets with victim's mother
- Response team members meet with abuser
- Abuser's father meets with victim's mother, and later with the victim. As each meeting is played out, ask coaches and onlookers to discuss:

    a. What happened here?
    b. Was the scene realistic? How should it be re-played to be more true to real life?
    c. What are the issues and dangers/needs?
    d. What response is needed from the team?

This process will take 1 to 2 hours for each scenario. Allow plenty of time to explore the options. Allow participants to tell stories of similar circumstances in their experience.

Forming A Community Response Team

Small Group Work (groups of 6 to 8)

Part One

Based on the presentation and the handouts, prepare a brief plan that answers the following questions:

1. Who should be on the team?
2. Who has to understand and support what the team is doing?
3. What will your process be when you receive a disclosure?
4. What sorts of training and support does your new team need?

Part Two

Groups report back, followed by class discussion.

Debate Instructions

1. Pose this question to debate upon for the activity.

   In the case of Aboriginal community based sexual abuse, it is better to:

   A) Let the police and the courts handle the problem according to the law.

   OR

   B) Involve the community in learning to work within the legal framework, and to build a solution integrating the community healing and legal perspective.

   OR

   C) Keep the problem within the community, away from outside agencies, and particularly the police, the courts and social services, all of which have done great harm to Aboriginal people in the past.

2. Divide participants into three (3) groups. Allow 30 minutes to prepare arguments.

3. Each group gets 3-5 minutes to present and then 2 minutes to rebut (argue back) in a second round supplementary.

4. Discussion – Each participant casts a vote and says why they believe side A, B, or C won the debate.

   [Note: Facilitators should strive to weave into the discussion real world tension that exists as Aboriginal communities and agencies try to hassle with the law and other outside agencies. As well, the necessity of using the power of law to force abusers to stop abusing and to engage in healing processes should be stressed.]

5. Summary review of the key legal requirements and issues by facilitator.

Save The Bacon

Scenario

You have just been appointed sexual abuse coordinator, for your community (Congratulations!). What this means is that you and one other counsellor are community representatives (i.e. workers) on a Sexual Abuse Response Team also involving the following: 1) the drug and alcohol counsellor; 2) an RCMP officer; 3) the band social worker; 4) a male elder; 5) a female elder; 6) a Native court worker (who doesn't live in the community); 7) and a psychologist from the Regional Medical Services office.

Problem 1

The previous coordinator has left the community because her mother is sick and needed her help. The mother lives in a far away town. As far as you know, the mother has no phone.

You have been part of the team for the past two years (since it started). Yours, as well as the counsellor's positions are funded on a special grant from Health Canada. That money will run out in 3 months. As far as you know, nothing has been done about trying to get a renewal of funding. You found a letter (dated 2 months ago) to the previous coordinator asking for a final report which evaluates the effectiveness of the program. It doesn't look like anyone answered the founder's letter.

Problem 2

This morning you got a call from the Native court worker. Mr. Elkhorn (an accused abuser) is to make a court appearance in two days. The court will need his counsellor's assessment of Mr. Elkhorn's likelihood to cooperate with and benefit from a community based treatment plan/program (The alternative is jail. Mr. Elkhorn has already told the police he is guilty of abusing his eleven year old niece). The previous coordinator (call her Mary) was Mr. Elkhorn's assigned counsellor. You spend over an hour looking for Mr. Elkhorn's file. You finally find it, but all that is in it is the RCMP report. You know for a fact that Mary had at least two counselling sessions with Mr. Elkhorn, but there is not record of what happened in those sessions in the file.

Problem 3

The other counsellor (call him Jack) was only working part-time before Mary left. Now he has taken on part of Mary's case load as well as his own. He comes into your office and tells you that his brother-in-law told him that Suzzie Darcy, a 14-year-old victim he has been counselling for several months, seems very depressed. Her mother came in this morning to say Suzzie doesn't want to go to school or even come out of her room. Jack is worried.

You ask Jack to show you Suzzie's file. You see that Suzzie was sent to be assessed by the area psychologist, but there is no assessment report in the file. "Did she go?" you ask. "I guess so," Jack answers. "Her mother said she would take her."

You try to call the psychologist, but he is travelling to other communities for the next week. You need to know if Suzzie is in danger of suicide, or needs immediate help for depression. You read the file, but all you find are notes saying:

Suzzie and I talked about how things were going. She says things are OK. She didn't talk much. She didn't want to talk about the abuse.

You learn that since the abuse, Suzzie has kept four out of five appointments. There is nothing in the file about Suzzie's home life.

Small Group Work

- Divide the participants into three working groups

- Ask each group to spend 20-30 minutes describing what kinds of records need to be kept so that each of these three problems never arises again — what sorts of records would "Save the Bacon"?

APPENDIX B

TWO-YEAR SEXUAL ABUSE WORKER TRAINING PROGRAM OUTLINE

Two-Year Sexual Abuse Worker Training Program Outline

Introduction

We have stated throughout this manual that community-based sexual abuse intervention teams need extended training. What follows is the outline of a suggested learning agenda for a two-year training program, as well as some recommendations on how that program might be most effectively delivered. We provide this as a starting place for an actual program. What is shared here is based on consultation with aboriginal community front-line workers in Canada and the United States who are struggling to deal with the challenge of sexual abuse. We will divide our outline into two parts: content (i.e. what should be learned) and process (i.e. how learning should happen).[55]

Content Themes

1. *Cultural Foundations* – Focused on learning about the cultural resources that can be drawn upon for healing and wellness and how to draw upon them.

2. *The Community Story* – Learning the history of your own people (and the people you will serve) in terms of what life was like in the past for children, youth, women, men, and elders in political, economic, spiritual life and in social relations. Learning how all of this changed and what contributed to the change, and what life is really like now, as well as what the community "sees" as its likely or desired future.

3. *Personal Growth – Wellness* Learning to be a healthy, balanced human being, and developing knowledge and skills to help others to learn and heal. It is critical that persons wishing to help to heal the community deal with their own issues, and undertake their own healing journey. This theme area should provide tools and opportunity to aid their journey.

4. *Care for the Caregiver* – This theme focuses on how to stay healthy as a caregiver. It involves learning co-counselling and peer support strategies, personal and group wellness measures and tools, learning about personal and professional boundaries and how to maintain them. This should involve an extended wellness monitoring process to give learners fairly continuous feedback for several years so that, as a team, very positive skills and habits are developed.

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55 This program is adapted from a program developed by Four Worlds International in conjunction with the California School of Professional Psychology (Fresno, California) and is shared in this adapted format with the permission of the program developers.

5. *Basic and Advanced Counselling* – This theme must include both a thorough grounding in theories and models, as well as extensive practice under experienced supervision. It should include both individual and group counselling approaches.

6. *Dealing with Sexual Abuse* – This theme involves developing a practical understanding of what sexual abuse is; how the process of abuse occurs; about the signs and symptoms and impacts of abuse on victims of all ages; on the issues, dangers, needs, and processes arising at the time of disclosure; on the legal dimensions of dealing with abuse; on the proper conduct of sexual abuse investigation with children and adults; on how and why to use a team approach in dealing with abuse; on how to help those impacted by the abuse; and, on how to engage the community in the prevention of abuse and in the process of healing. (Essentially, this entire manual introduces this theme.)

7. *Community Development* – This theme would focus on learning how to engage the community in prevention, healing, and wellness development programs.

8. *Program Development* – Focused on developing and implementing effective community programs, covering needs identifcation, planning, program management, monitoring, and evaluation.

9. *Report Writing, Documentation, and Record Keeping* – Focused on developing both an understanding of why record keeping is important as well as knowledge and skill-building related to how to make effective reports, document cases, and keep program records.

10. *Facilitating Learning* – This theme focuses on developing a team understanding and capacity to promote continuous improvement (i.e. learning), first in the team and then in the community at large. It involves identifying learning needs, finding resources, and facilitating processes of learning in others. It also involves developing skills as a facilitator and public speaker and in mentoring the learning of others.

The Learning Process

We suggest the following program features, which have been recommended over and over again by front-line workers from many communities:

A minimum of two years training is recommended.

The formal academic portion of the training should be in workshop format away from the community to give learners room to reflect, heal, and grow.

Much (at least half) of the structured learning time should be practicum, carried out on the job in the community. It should be carefully supervised by qualified professionals.

Community resources (youth, elders, and others) should be involved in the training.

Front-line workers from other communities who are experienced in what the work is really like should be resources in the training.

A well organized learner support system is needed, and should involve small support groups, internet, and telephone connections, regular instructor contact, etc.

The program rhythm should be adapted to the realities and needs of the community. (culture, rhythm etc.).

Selection of team members is critical. No training program can overcome character flaws or a basic lack of aptitude for the work.

APPENDIX C

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